1974

10.01 Association of American Cancer Institutes (AACI) - General, 1973-1974

Office of the President
The University of Texas MD Anderson Cancer Center

General (1973-74)

10.1

10.1

CROSS REFERENCE

SEE FILE 5.4 List of Cancer Centers

FOR PERTINENT INFORMATION DESCRIBED BELOW:

LETTER ✓ MEMO ✓ OTHER

FROM NCI TO RLC

DATE 12/2/74

SUBJECT List of Comprehensive Cancer Centers Directors + Public/Professional Information/Education Contacts."

PSF(I-74)

CROSS REFERENCE

SEE FILE 5.6.3 Association of Community Cancer Centers

FOR PERTINENT INFORMATION DESCRIBED BELOW:

LETTER ✓ MEMO ✓ OTHER ✓

FROM Various Correspondence

DATE —

SUBJECT Corres. re. the Assoc. of Comm. Ca. Centers

ILLINOIS CANCER COUNCIL

37 South Wabash Avenue — Suite 507
Chicago, Illinois 60603
312 – 346 9813

November 25, 1974

R. Lee Clark, M.D., President
The U of Texas System Cancer Center
M.D. Anderson Hosp & Tumor Institute
6723 Bertner Avenue
Houston, Texas 77025

Dear Dr. Clark:

The Illinois Comprehensive Cancer Center's Task Force on Epidemiology and Statistics, chaired by Dr. I. D. Rotkin, is considering the initiation of a statewide system for the collection of cancer-related data in the State of Illinois.

As a means of facilitating our planning efforts as well as rendering them more effective, we are compiling information about the current status of cancer control measures in other states.

It would be appreciated if you would fill out the enclosed questionnaire and return it as soon as possible. A self-addressed stamped envelope is provided for your convenience.

Sincerely,

Denise Oleske

Denise Oleske

Jack Kornfeld

Jack Kornfeld
Task Force on Epidemiology and Statistics

DO,JK/jp

encls.

supported by a grant from the Illinois Regional Medical Program

QUESTIONNAIRE

I. Is cancer a reportable disease in your state?

- ☐ yes
- ☐ no
- ☐ uncertain

A. If "Yes":

1) How is it reportable?

Administrative Regulation

State Law

Other (specify) _____

_____

2) What are the provisions for compliance?

_____

_____

(NOTE: Please enclose a copy of the administrative regulation, state law or other authorizing instrument as applicable.)

B. If "No":

1) Are current plans under way to make it a reportable disease?

- ☐ yes
- ☐ no
- ☐ uncertain

II. Does your state have a statewide cancer registry?

- ☐ yes
- ☐ no
- ☐ uncertain

If "Yes":

1) How many reporting institutions?

2) Is system computerized?

3) Do you issue reports back to the cooperating institution?

4) Do you maintain an epidemiological file?

(Note: Would you please send us copies of latest morbidity, mortality and survival rates reports; also copies of registry forms, instructional and educational materials associated with the registry... or any other relevant documents?)

III. Are there any current statewide cancer control programs in your state?

- ☐ yes
- ☐ no
- ☐ uncertain

If "Yes," please list and briefly describe:

Program Title	Program Description

Name and Title of Respondent _____

_____

Representative of the State of _____

Thank you for your cooperation!

10.65

QUESTIONNAIRE

I. Is cancer a reportable disease in your state?

- [ ] yes
- [X] no
- [ ] uncertain

A. If "Yes":

1) How is it reportable?

Administrative Regulation

State Law

Other (specify) _____

_____

2) What are the provisions for compliance?

_____

_____

(NOTE: Please enclose a copy of the administrative regulation, state law or other authorizing instrument as applicable.)

B. If "No":

1) Are current plans under way to make it a reportable disease?

- [ ] yes
- [ ] no
- [X] uncertain - Under discussion

II. Does your state have a statewide cancer registry?

- [ ] yes
- [X] no *
- [ ] uncertain

* The Texas State Department of Health and The University of Texas System Cancer Center are developing a program for the operation of a State Wide Cancer Registry which will provide for the compiling and reporting on all cancer patients seen in hospitals in the State, having more than 100 beds.

Retired 12/6/74

If "Yes":

1) How many reporting institutions?

2) Is system computerized?

3) Do you issue reports back to the cooperating institution?

4) Do you maintain an epidemiological file?

(Note: Would you please send us copies of latest morbidity, mortality and survival rates reports; also copies of registry forms, instructional and educational materials associated with the registry...or any other relevant documents?)

III. Are there any current statewide cancer control programs in your state?

See Note*

- ☐ yes
- ☐ no
- ☐ uncertain

If "Yes," please list and briefly describe:

Program Title	Program Description

*The University of Texas System Cancer Center has been awarded a cancer control planning grant and is working closely with the State Department of Health and The University of Texas School of Public Health in developing this plan.

Name and Title of Respondent: Randolph Lee Clark, M.D. R. Lee Clark

The University of Texas System Cancer Center
Texas Medical Center

Houston, Texas 77025

Representative of the State of: Texas

Thank you for your cooperation!

ILLINOIS CANCER COUNCIL

37 South Wabash Avenue – Suite 507
Chicago, Illinois 60603
312-346-9813

November 25, 1974

Timothy R. Talbot, M.D.
President, Fox Chase Cancer Center
7701 Burholme Ave., Fox Chase
Philadelphia, Pennsylvania 19111

Dear Dr. Talbot:

The Illinois Comprehensive Cancer Center's Task Force on Epidemiology and Statistics, chaired by Dr. I. D. Rotkin, is considering the initiation of a statewide system for the collection of cancer-related data in the State of Illinois.

As a means of facilitating our planning efforts as well as rendering them more effective, we are compiling information about the current status of cancer control measures in other states.

It would be appreciated if you would fill out the enclosed questionnaire and return it as soon as possible. A self-addressed stamped envelope is provided for your convenience.

Sincerely,

Denise Oleske

Jack Kornfeld
Task Force on Epidemiology and Statistics

DO,JK/jp

encls.

supported by a grant from the Illinois Regional Medical Program

10.1

To SH

11-22-74

For the record-

Dr. Russell called early today to say he is leaving this p.m. for Miami for meeting of Cancer Committee of College of Amer Pathologists. Dr. Doug Anderson called him to ask if he could put item on agenda for Russell to talk about what AACI program plans are etc. and they could then discuss whether some way for the Cancer Comm of the College to possibly be of assistance etc. He (Anne) asked if we had something available for him to use in making such a brief presentation. Said it is a friendly meeting - and that they only want to hear for information etc. and consider how to help if that is indicated.

JoAnne talked with RLC who ok'd release of these 2 documents: (JH plse. add what they were?) (+ file this note)

1) Comprehensive Plan for Developing Cooperative Action and Common Practices among Cancer Institutes.
2) Information Leaflet on Association of American Cancer Institutes

RLC said Russell should be cautioned not to present idea that M DA is backing his nomenclature or let that thought arise (due to fact RCHickey is heading the group which is considering path nomenclature, and fact that Russell is giving the presentation at this particular mtg. - both from MDA) --- because that is not the case. That matter is under consideration by the group of pathologists who will decide eventually by vote on which nomenclature. I talked to Dr. Russell about this and he said he understood. (He did go on for a while about fact that no provision has been made for the different ones actually to try his nomenclature out, and how he thinks WHO group probably will take his ideas etc.).

ml

November 7, 1974

Gregory W. Lewis, J. D.
AACI Coordinator
JRB Associates, Inc.
1651 Old Meadow Road
McLean, Virginia 22101

Dear Mr. Lewis:

Thank you for your letter and the list of those who received the first issue of the AACI Report of Current Activities. In addition to the suggestions made by Dr. John Spratt, I am enclosing a list of individuals to be added to the distribution of the AACI newsletter.

Thank you.

Sincerely yours,

R. Lee Clark, M.D.
President

RLC:jh
cc: Dr. John S. Spratt, Jr.
Dr. E. A. Mirand

November 7, 1974

LIST TO RECEIVE AACI NEWSLETTER
Submitted by Dr. R. Lee Clark

STATE OFFICIALS

The Honorable Dolph Briscoe
Governor, State of Texas
State Capitol Building
Austin, Texas 78701

The Honorable William P. Hobby
Lieutenant Governor
State of Texas
State Capitol Building
Austin, Texas 78701

The Honorable A. M. Aikin, Jr.
Chairman, Senate Finance Committee
State of Texas
State Capitol Building
Austin, Texas 78701

The Honorable _____*
Speaker of the House
Texas House of Representatives
State Capitol Building
Austin, Texas 78701

The Honorable _____*
Chairman, Appropriations Committee
Texas House of Representatives
State Capitol Building
Austin, Texas 78701

International Union Against Cancer Committee on International Collaborative Activities

Dr. T. Symington, Chairman
Chester Beatty Research Institute
Fulham Road
London SW3 6JB, England

Dr. N. N. Blokhin
Institute of Experimental and Clinical Oncology
USSR Academy of Medical Sciences
Kashirskoye Shosse 6
Moscow - M 115478, USSR

*Names will be supplied after new appointments

Dr. E. Caceres
Instituto Nacional de Enfermedades Neoplasicas
Avenida Alfonso Ugarte 825
Lima, Peru

Dr. S. Eckhardt
National Cancer Institute
Department of Chemotherapy
Rath gy u. 7/9
Budapest 1026, Hungary

Dr. E. Hecker
Deutsches Krebsforschungszentrum
Kirschnerstrasse 6
6900 - Heidelbert 1
Fed. Rep. Germany

Dr. E. Klein
Department of Tumor Biology
Karolinska Institutet
S 104 01 Stockholm 60, Sweden

Dr. Yoshio Sakurai
Cancer Institute
Japanese Foundation for Cancer Research
Nishisugamo, Toshima-ku
Tokyo, Japan

Dr. L. Siminovitch
University of Toronto
Department of Medical Genetics
Medical Science Building
Toronto, Canada M 55 1AB

Dr. H. Tagnon
Institut Jules Bordet
1, rue Heger-Bordet
1000 Brussels, Belgium

International Union Against Cancer

Dr. Pierre Denoix
President
Institut Gustave-Roussy
16 bis, avenue Paul-Vaillant Couturier
94800 - Villejuif, FRANCE

Dr. R. M. Taylor
Secretary General
International Union Against Cancer
National Cancer Institute of Canada
25 Adelaide Street East
Toronto, Ontario, M5C 1Y2

Dr. C. G. Schmidt
Treasurer, International Union Against Cancer
Cancer Research Center, University Essen
43 Essen
Hufelandstrasse 55
Federal Republic of Germany

Dr. J. F. Delafresnaye
Director, Geneva Office
International Union Against Cancer
P. O. Box 400
1211 Geneva 2, Switzerland

The University of Texas System Board of Regents

Dr. James E. Bauerle
234 Wedgewood Professional Building
6609 Blanco Road
San Antonio, Texas 78216

The Honorable Edward Clark
P. O. Box 1148
Austin, Texas 78767

Mr. Frank C. Erwin, Jr.
825 Brown Building
Austin, Texas 78701

Mr. Jenkins Garrett
1705 Commerce Building
Fort Worth, Texas 76101

Mrs. Lyndon B. Johnson
L. B. J. Library
Austin, Texas 78705

Dr. Charles A. LeMaistre
Chancellor
The University of Texas System
Austin, Texas 78701

Mr. A. G. McNeese, Jr.
Chairman of the Board and Chief Executive Officer
Bank of the Southwest
Post Office Box 2629
Houston, Texas 77001

Dr. Joe T. Nelson
201 South Waco
Weatherford, Texas 76086

Dr. Harry H. Ransom
Chancellor-Emeritus
The University of Texas
P. O. Drawer 7878
Austin, Texas 78712

The Honorable Allan Shivers
300 Austin National Bank Building
Austin, Texas 78701

Miss Betty Anne Thedford
Secretary, Board of Regents
The University of Texas System
Box N, University Station
Austin, Texas 78712

Mr. Dan C. Williams
President
Southland Life Insurance Company
P. O. Box 2220
Dallas, Texas 75201

University Cancer Foundation, M. D. Anderson Hospital, Board of Visitors

Mr. Tomas D. Anderson
1122 Southwest Tower
Houston, Texas 77002

Mr. Ben R. Barbee
Route 7
Box 91A
Dublin, Texas 76446

Mr. Perry R. Bass
12th Floor, Ft. Worth National Bank Building
Fort Worth, Texas 76102

Mr. Warren S. Bellows
President
W. S. Bellows Construction Corporation
716 North York
Houston, Texas 77003

Mr. Benjamin L. Bird
Suite 525, Ft. Worth National Bank Building
Fort Worth, Texas 76102

Mr. M. O. Boring, Jr.
Dixilyn Corporation
P. O. Box 3427
Odessa, Texas 79760

Mr. Lester Clark
P. O. Box 752
Breckenridge, Texas 76024

Mr. Benjamin Clayton
1621 Bank of the Southwest Building
Houston, Texas 77002

Mrs. Ernest Cockrell, Jr.,
[redacted]

Mr. Roy Cullen
Quintana Petroleum Corporation
500 Jefferson Building - 19th Floor
Houston, Texas 77002

Mr. Ernest Deal
President , Fannin Bank
1020 Holcombe Boulevard
P. O. Box 20008
Houston, Texas 77025

Mrs. Charles K. Devall
[redacted]

Mr. John S. Dunn, Sr.
[redacted]

Dr. Frederick Elliott
[redacted]

Mr. Marcus S. Greer
First City National Bank of Houston
1001 Main Street
Houston, Texas 77001

Mr. Hub Hill
2101 Mercantile Bank Building
Dallas, Texas 75201

Mr. Frank N. Ikard
President
American Petroleum Institute
1801 K. N.W.
Washington, D. C. 20006

Mr. Leroy Jeffers
Vinson, Elkins, Searls and Smith
2010 First City National Building
Houston, Texas 77002

Mr. J. Lee Johnson, III
1200 Broad
Fort Worth, Texas 76107

Mrs. Marshall G. Johnson
P. O. Box 508
Wharton, Texas 77488

Mrs. Percy Jones
508 First National Ely Building
P. O. Box 176
Abilene, Texas 79604

Mr. Radcliffe Killam
P. O. Box 499
Laredo, Texas 78040

Mr. Theodore N. Law
Falcon-Seaboard Drilling Company
713 River Oaks Bank Tower
2001 Kirby Drive
Houston, Texas 77019

Mr. Maurice Lazarus
Chairman Finance Committee
Federated Department Stores, Inc.
Fifty Cornhill
Boston, Mass. 02108

Mr. Charles H. Leavell
P. O. Box 9698
El Paso, Texas 79987

Mr. Ben Love
P. O. Box 2558
Houston, Texas 77001

Mrs. John A. Matthews
[redacted]

Mr. Duncan Macfarlan
Prudential Insurance Company of America
17th Floor Prudential Plaza
Newark, New Jersey 07101

Mr. William L. Moody, IV
502 Moody National Bank Tower
Galveston, Texas 77550

Mr. Jack R. Morrison, Sr.
112 South Liberty Street
Victoria, Texas 77901

Mr. Robert Mosbacher
21st Floor Capital National-Conoco Building
1300 Main Street
Houston, Texas 77002

Mr. Vernon F. Neuhaus
P. O. Box 72
Mission, Texas

Mrs. Corbin J. Robertson
[redacted]

Mr. P. H. Robinson
111 Milam, Room 1665
Houston, Texas 77002

Mr. Nat Rogers
P. O. Box 2557
Houston, Texas 77001

Mr. Dudley C. Sharp
506 Bank of the S. W. Building
Houston, Texas 77002

Mrs. Edgar B. Tobin
[redacted]

Mr. Ernest L. Wehner
Arthur Andersen and Company
910 Traves Street, Suite 1700
Houston, Texas 77002

Mr. James A. Whittenburg III
P. O. Box 2411
Amarillo, Texas 79105

Mrs. F. P. Zoch, Jr.
[redacted]

Mr. Michael J. Moncrief
1400 W. T. Waggoner Bldg.
Fort Worth, Texas 76102

Mr. James A. Baker, III
Andrew, Kurth, Campbell and Jones
Exxon Building, 25th Floor
Houston, Texas 77002

Mrs. Camilla Blaffer
[redacted]

Mr. A. J. Bryan
Cameron Iron Works, Inc.
P. O. Box 2323
Houston, Texas 77001

Mr. Richard Merrill
Prudential Insurance Company of America
P. O. Box 2075
Houston, Texas 77001

Mr. Fred Erisman
10th Floor, Drawer 432
First National Bank Bldg.
Longview, Texas 75601

Association of American Cancer Institutes

John S. Spratt, Jr., President
Cancer Research Center, Columbia, Missouri 65201
Edwin A. Mirand, Secretary-Treasurer
Roswell Park Memorial Institute, Buffalo, N.Y. 14203

October 30, 1974

Dr. R. Lee Clark
President
University of Texas System
Cancer Center
The University of Texas
M. D. Anderson Hospital and
Tumor Institute
Houston, Texas 77025

Dear Dr. Clark:

I have received suggestions from John Spratt for an expanded distribution of the AACI Report of Current Activities. Enclosed is a list of individuals who received the first issue; as you can see, it was limited to representatives of member institutions.

I would very much appreciate your suggestions for additional individuals or institutions who should receive the report. The next issue is scheduled for mailing on or about January 1, 1975.

Best regards.

Sincerely,

Gregory W. Lewis

GWL/sr/sc

Enclosure

Mailing List

AACI "Report of Current Activities"-

October Mailing

Attached list plus following additions:

Brickner, Abraham
Director of Community Affairs
Michigan Cancer Foundation
110 East Warren Avenue
Detroit, Michigan 48201

Dr. George E. Jay, Jr.
Deputy Associate Director
Cancer Control Program
National Cancer Institute
National Institutes of Health
Blair Building - Room 717
Silver Spring, Maryland 20910

Dr. Diane J. Fink
Associate Director
Cancer Control Program
National Cancer Institute
National Institutes of Health
Blair Building - Room 732
Silver Spring, Maryland 20910

Jackie Parkman
National Cancer Institute
National Insitutes of Health
Building 31 - Room 10A49
Bethesda, Maryland

Paul Shelton
National Cancer Institute
Research Contracts Branch
National Institutes of Health
Building 31 - Room 10A18
Bethesda, Maryland

Dr. Baynard Morrison
National Cancer Institute
National Institutes of Health
Building 31 - Room 11A51
Bethesda, Maryland

321-329 097-206

Dr. Ernst L. Wynder
President
Naylor Dana Institute for ----------American Health Foundation (tentative membership)
Disease Prevention
2 East End Avenue
New York, New York 10021

Dr. John S. Spratt, Jr.
Director
Cancer Research Center
Business Loop 70 and Garth Avenue
Columbia, Missouri 65201

Dr. John H. Weisburger
Vice President for Research
American Health Foundation
Naylor Dana Institute
for Disease Prevention
2 East End Avenue
New York, New York 10021

Dr. Harry D. Brown
Cancer Research Center
Business Loop 70 and Garth Avenue
Columbia, Missouri 65201

Mr. Robert D. Pence
Assistant Director
New England Deaconess Hospital----------Cancer Research Institute
185 Pilgrim Road
Boston, Massachusetts 02215

Miss Constance Langone
Cancer Research Institute
New England Deaconess Hospital
185 Pilgrim Road
Boston, Massachusetts 02215

Dr. Julius Krevans
Acting Director
Cancer Research Institute
University of California
San Francisco
3rd Avenue & Parnassus
San Francisco, California 94118

Dr. Theodore L. Phillips
Associate Director
Cancer Research Institute
University of California
San Francisco
3rd Avenue & Parnassus
San Francisco, California 94118

221-324

Dr. David A. Wood
Cancer Research Institute
University of California
San Francisco
3rd Avenue & Parnassus
San Francisco, California 94118

Dr. Emil Frei, III
Director
Children's Cancer Research Foundation
35 Binney Street
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Dr. George E. Foley
Associate Director for Laboratories ---------- Children's Cancer Research Foundation
35 Binney Street
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Dr. William W. Shingleton
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Durham, North Carolina 27710

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Eppley Institute for Research in Cancer
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Dr. John G. Keller
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Temple University School of Medicine
3420 North Broad Street
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Mr. Howard Schurr
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3420 North Broad Street
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221-325

Mrs. Pauline Kotin
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Dr. Timothy Talbot, Jr.
Fox Chase Center of Cancer and
Medical Sciences
7701 Burholme Avenue (Institute for Cancer Research)
Philadelphia, Pennsylvania 19111

Dr. Paul J. Grotzinger
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Medical Sciences
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Philadelphia, Pennsylvania 19111

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304 Carnegie Building
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Dr. Raymond E. Lenhard
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Johns Hopkins University School
of Medicine
304 Carnegie Building
Baltimore, Maryland 21205

Dr. George E. Santos
Johns Hopkins Hospital
Johns Hopkins University School
of Medicine
304 Carnegie Building
Baltimore, Maryland 21205

044-205

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Associate Director
Administrative Services
Johns Hopkins Hospital
Johns Hopkins University School
of Medicine
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Fred Hutchinson Cancer Research Center
1102 Columbia Street
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Dr. John R. Hartmann
Fred Hutchinson Cancer Research Center
1102 Columbia Street
Seattle, Washington 98104

Dr. Charles A. Evans
Fred Hutchinson Cancer Research Center
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Seattle, Washington 98104

Dr. Lewis L. Coriell
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Dr. Warren Nichols
Assistant Director
Institute for Medical Research
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Mr. S. Robert Wilson
Director of Support Services
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Los Angeles County -
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387-556

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Los Angeles, California 90033

Dr. Robert J. Hasterlik
Associate Director for Regional Activities
Los Angeles County - University of
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Dr. Ramon E. Llobet
Medical Director
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Hato Rey, Puerto Rico 00919

Dr. Manuel Rodriguez Ema
I. Gonzales Martinez Oncologic Hospital
Puerto Rico Medical Center
P. O. Box 1811
Hato Rey, Puerto Rico 00919

Dr. Henry C. Pitot
Director
McArdle Laboratory for Cancer Research
Medical Director
University of Wisconsin
Madison, Wisconsin 53706

Dr. Elizabeth Miller
McArdle Laboratory for Cancer Research
University of Wisconsin
Madison, Wisconsin 53706

Dr. Michael J. Brennan
President and Medical Director
Michigan Cancer Foundation
110 East Warren Avenue
Detroit, Michigan 48201

Dr. Jerome P. Horwitz
Scientific Director
Michigan Cancer Foundation
110 East Warren Avenue
Detroit, Michigan 48201

387-555

Dr. Frank J. Rauscher, Jr.
Director
National Cancer Institute
9000 Rockville Pike
Bethesda, Maryland 20014

Dr. Guy Newell
Deputy Director
National Cancer Institute
9000 Rockville Pike
Bethesda, Maryland 20014

Dr. Bayard H. Morrison, III
Assistant Director
National Cancer Institute
9000 Rockville Pike
Bethesda, Maryland 20014

Dr. John R. Totter
Associate Director
Biomedical and Environmental Sciences
P. O. Box X
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Oak Ridge, Tennessee 37830

Dr. Francis T. Kenney
Biology Division
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Oak Ridge, Tennessee 37830

Dr. N. G. Anderson
Biomedical and Environmental Sciences
P. O. Box X
Oak Ridge National Laboratory
Oak Ridge, Tennessee 37830

Dr. Gerald P. Murphy
Associate Institute Director
Roswell Park Memorial Institute
New York State Department of Health
666 Elm Street
Buffalo, New York 14203

Dr. Edwin A. Mirand
Associate Institute Director
Roswell Park Memorial Institute
New York State Department of Health
666 Elm Street
Buffalo, New York 14203

387-557

Mr. Robert W. Goehle
Fiscal Administrator
Roswell Park Memorial Institute
New York State Department of Health
666 Elm Street
Buffalo, New York 14203

Dr. Robert Thomas
President
Memorial-Sloan Kettering Cancer Center
1275 York Avenue
New York, New York 10021

Dr. Edward Beattie
Memorial Sloan-Kettering Cancer Center
1275 York Avenue
New York, New York 10021

Dr. Robert A. Good
Memorial Sloan-Kettering Cancer Center
1275 York Avenue
New York, New York 10021

226-086

221-090

Dr. Howard E. Skipper
Vice President and Director
Southern Research Institute
Kettering-Meyer Laboratory
2000 Ninth Avenue, South
Birmingham, Alabama 35205

Dr. Frank M. Schabel, Jr.
Director
Chemotherapy Research
Southern Research Institute
Kettering-Meyer Laboratory
2000 Ninth Avenue, South
Birmingham, Alabama 35205

Dr. Alvin M. Mauer
Medical Director
St. Jude Children's Research Hospital
332 North Lauderdale Street
Memphis, Tennessee 38101 Box 318

Mr. Carl B. Simmons
Administrator
St. Jude Children's Research Hospital
332 North Lauderdale Street
Box 318
Memphis, Tennessee 38101

Dr. Allan Granoff
St. Jude Children's Research Hospital
332 North Lauderdale Street
Box 318
Memphis, Tennessee 38101

Dr. John R. Durant
Director
University of Alabama in Birmingham
Cancer Research and Training Program
University Station
Birmingham, Alabama 35294

Dr. John E. Ultmann
Director
University of Chicago Cancer Research Center
950 East 59th Street
Chicago, Illinois 60637

Dr. Alexander Gottschalk
University of Chicago Cancer Research Center
950 East 59th Street
Chicago, Illinois 60637

236-087
218-672

Dr. R. Lee Clark
President
University of Texas System Cancer Center
The University of Texas
M. D. Anderson Hospital and Tumor Institute
Houston, Texas 77025

Dr. Robert C. Hickey
Director
The University of Texas
M. D. Anderson Hospital and Tumor Institute
Houston, Texas 77025

Dr. Murray M. Copeland
Vice President
University Cancer Foundation
The University of Texas
M. D. Anderson Hospital and Tumor Institute
Houston, Texas 77025

Dr. Robert O. Johnson
Director
Division of Clinical Oncology
709C University Hospital
University of Wisconsin Medical Center
1300 University Avenue
Madison, Wisconsin 53706

Dr. Harold P. Rusch
University of Wisconsin Medical Center
1300 University Avenue
Madison, Wisoconsin 53706

Dr. John Higginson
Director
International Agency for Research
on Cancer
World Health Organization
150 Cours Albert Thomas
69008 Lyon, France

Dr. Alton I. Sutnick
Fox Chase Center of Cancer and
Medical Sciences
Institute for Cancer Research
7701 Burholme Avenue
Philadelphia, Pennsylvania 19111

Dr. Francis J. McKay
Fox Chase Center of Cancer and
Medical Sciences
Institute for Cancer Research
7701 Burholme Avenue
Philadelphia, Pennsylvania 19111

Association of American Cancer Institutes

John S. Spratt, Jr., President
Cancer Research Center, Columbia, Missouri 65201
Edwin A. Mirand, Secretary Treasurer
Roswell Park Memorial Institute, Buffalo, N.Y. 14203

14 October 1974

Gregory W. Lewis, J.D.
JRB Associates, Inc.
1651 Old Meadow Road
McLean, Virginia 22101

Dear Greg:

The one thing we did not review regarding the AACI newsletter was the mailing list. I would appreciate knowing how this has been compiled. Each member institution may wish to add to the mailing list. This option needs to be made available and each institution wishing to add a mailing list should pay for their own list.

In the case of the CRC, I am enclosing an initial list. Let me know the cost of the added printing and mailing and I will remit the costs to the secretary-treasurer. He should advise other AACI members of a similar opportunity.

With best regards.

Sincerely,

John S. Spratt, Jr., M.D.
President

cc: R. Lee Clark, M.D.
Edwin A. Mirand, Ph.D.

AACI NEWSLETTER LIST - NATIONWIDE

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A G E N D A

MEETING OF CANCER CENTERS AND INSTITUTES THROUGHOUT THE WORLD

CONGRESS PALACE (RED ROOM)
FLORENCE, ITALY

OCTOBER 18, 1974
6:00 - 8:10 P.M.

H O S T S

UICC Committee on International Collaborative Activities (CICA)

With The

Association of American Cancer Institutes (AACI)

Opening of the Meeting

Professor T. Symington, Chairman of CICA — 6:00-6:05 p.m.
Chester Beatty Research Institute
London, England

Dr. John S. Spratt, Jr., President of AACI — 6:05-6:10 p.m.
Cancer Research Center
Columbia, Missouri USA

Report of the Committee on International Collaborative Activities (CICA)

Dr. R. M. Taylor, Secretary-General of UICC — 6:10-6:25 p.m.
National Cancer Institute of Canada
Toronto, Canada

Report of the Work Study Groups of the CICA by the Chairmen

- *Biological Markers in Cancer*

Dr. G. P. Murphy, Institute Director — 6:25-6:40 p.m.
Roswell Park Memorial Institute
Buffalo, New York USA

- *Transplantable Tumor and Animal Tumor Models for Chemotherapy*

Professor Doctor Sandor Eckhardt, — 6:40-6:55 p.m.
Secretary-Treasurer
Cancer Society of Hungary
Budapest, Hungary

AGENDA CONTINUED

- *Progress of Standardization of Terminology and Definitions in Carcinogenesis*

  Professor Doctor E. Hecker — 6:55-7:10 p.m.
  The German Cancer Research Center
  Heidelberg, Germany

- *Report on the International Directory of Cancer Institutes and Centers and Proposal for Their Cooperation*

  Dr. R. Lee Clark, President — 7:10-7:25 p.m.
  University of Texas System Cancer Center
  Houston, Texas USA

Report on the International Cancer Research Data Bank (ICRDB) Program

Dr. Gregory T. O'Conor — 7:25-7:40 p.m.
National Cancer Institute
Bethesda, Maryland USA

Progress of the National Cancer Program (NCP) of the USA

Dr. Frank J. Rauscher, Director-National Cancer Program — 7:40-8:00 p.m.
National Cancer Institute
Bethesda, Maryland USA

Closing Remarks

Professor T. Symington, Chairman of CICA — 8:00-8:05 p.m.
Chester Beatty Research Institute
London, England

Dr. John S. Spratt, Jr., President of AACI — 8:05-8:10 p.m.
Cancer Research Center
Columbia, Missouri USA

Address: Palazzo dei Congressi
Via Valfonda (Pratello Orsini 1)
Telephone: 26-22-41 or 21-75-42

Current Activities

Vice President
Edwin A. Mirand, M.D.
Secretary-Treasurer

PRESIDENT'S MESSAGE

The Association of American Cancer Institutes was established in 1959. The concept of having cancer institutes meet periodically was the idea of Dr. C. P. Rhoads, Director of Sloan-Kettering Research Institute in New York City. The first meeting of the organization was in September 1959 prior to the sudden death of Dr. Rhoads. The first president of the Association was Dr. George E. Moore, former Institute Director of Roswell Park Memorial Institute; Vice President, the late Dr. Sidney Farber of Children's Cancer Research Foundation; and the Secretary-Treasurer, Dr. R. Lee Clark. Since that time, the Association meets at least twice a year to carry on exchanges among cancer institutes not only in the United States, but with those around the world.

As current President of the organization, it is my pleasure to introduce the first issue of this bimonthly newsletter. Our intent with the letter is to foster the basic objectives of the Association of American Cancer Institutes and communicate its current activities to interested persons. These objectives are to afford an opportunity for the leadership of cancer institutes and centers throughout the world to discuss mutual problems; to foster inter-institutional collaboration for the control of cancer through research, education and service; to cooperate in investigations into the causes, nature, treatment, rehabilitation and prevention of malignant diseases by encouraging the interchange of ideas, information, personnel, and access to special facilities; to foster educational and training opportunities in the appropriate mathematical sciences; to provide guidance to the public bodies regarding cancer; and to hold periodic meetings to expedite the basic objectives.

We hope that the information in this newsletter will be of value far beyond the interests of the member organizations and we solicit suggestions for improving its general usefulness.

REPORT ON TASKS NOW FUNDED

Task 1 *Development of Administrative and Fiscal Profiles for Selected AACI Institutions*

The Committee's Task Force met at the Michigan Cancer Foundation in Detroit on September 9 to review visits made to selected institutions to date. Reports were given on visits made to

the Fred Hutchinson Cancer Center, the Los Angeles County-University of Southern California Cancer Hospital and Research Institute, Cancer Research Institute, New England Deaconess Hospital and Clinical Cancer Center, University of Wisconsin. The task force expects to complete all visitation and present completed questionnaires to the entire Committee on October 17 at M. D. Anderson. The progress on this overall task continues to be ahead of schedule.

Task 3 - 5 Development of Cancer Patient Data System

In the original AACI Comprehensive Plan for Cooperative Action, these tasks were designated as (3) Nomenclature, Classification, Staging and End Results Reporting System; (4) Medical Records and Repository Systems; and (5) Epidemiology and Biostatistics Information Systems. Under the guidance of Robert C. Hickey, M.D., of the University of Texas, M. D. Anderson Hospital and Tumor Institute, these tasks have been combined into a comprehensive planning study entitled *Development of a Cancer Patient Data System*. Objectives of the study are:

- To formulate a Cancer Center Reporting System which will be compatible with the SEER System
- To develop a protocol for the collection and interpretation of cancer patient data among cancer institutions.
- To insure coordination of the system with the ICRDB of the NCI.
- To study the long-range operational aspects of such a system.
- To develop an operational proposal for the program, if appropriate.

The NCI is about to award a contract to the AACI which will designate M. D. Anderson Hospital and Tumor Institute and Dr. Robert Hickey as the task leader institution and principle investigator. Funding will be in the amount of $38,530 for one year to pay for personnel, honorarium and travel costs for meetings of a Policy Committee and Technical Advisory Committee. The first meeting of the Technical Advisory Committee was held September 16, at Tyson's Corner, Virginia, and was concerned with developing user's needs, and identifying and developing input capabilities to the data pool from cancer institutions. The NCI contract only provides authority to plan and develop the system; implementation is planned as a Phase II activity and additional funding must eventually be sought.

REPORT ON TASK PROPOSALS

Task 2 — Development of Data Processing Needs for Cancer Institutes

Stuart Zimmerman, Ph.D., M. D. Anderson Hospital and Tumor Institute, developed a draft proposal entitled *A Plan for Assisting Cancer Institutes Determine Their Needs for Data Processing*. The proposal seeks funding in the amount of $23,570, to assist cancer institutes determine their needs for electronic data processing equipment and personnel. The proposed scope of work is divided into two tasks, designed to guide institutions in using computers and to assist them in sharing data. Several NCI staff have had the opportunity to review the draft and their comments are expected within the next week.

FOX CHASE CANCER CENTER AND UNIVERSITY OF PENNSYLVANIA FORM COMPREHENSIVE CENTER

The HEW National Cancer Institute announced on October 8, 1974, that the Fox Chase Cancer Center and the University of Pennsylvania, both in Philadelphia, are jointly developing a Comprehensive Cancer Center program, as authorized by the National Cancer Act of 1971.

This latest comprehensive center program becomes the seventeenth in a new nation-wide network of institutions whose purposes are to conduct a broad range of cancer research and to develop and demonstrate the best method of cancer prevention, diagnosis, treatment and rehabilitation.

In making the announcement, Dr. Frank J. Rauscher, Jr., Director of the National Cancer Program and National Cancer Institute, said: *Philadelphia is a major medical and population hub. The Comprehensive Center formed by the affiliation of Fox Chase and Penn therefore marks an important milestone in expanding and intensifying cancer research and the delivery of cancer research advances to the people of this country.*

The new Comprehensive Cancer Center program will combine the resources of the Fox Chase Cancer Center, directed by Dr. Timothy Talbot, and those of the University of Pennsylvania, under Dr. Peter C. Nowell, Professor of Pathology and director of that institution's cancer center.

AACI FLORENCE MEETING

The AACI sponsored meeting of Cancer Centers and Institutes throughout the world will be held October 18, 1974, at 6:00 p.m. in the Red Room of the Congress Palace in Florence, Italy. Immediately following this meeting, a buffet-reception will be held at the Villa Di Mezzamonte for AACI representatives and invited guests. An agenda and brochure are enclosed for your information. JRB Associates is coordinating the documentation and meeting services for the AACI, under the direction of Dr. Edwin A. Mirand, AACI Secretary-Treasurer, Roswell Park Memorial Institute.

FUTURE MEETING DATES

The next business meeting of the AACI Membership will be held in Bethesda, Maryland, on January 15-17, 1975, The National Cancer Institute is the host organization.

NEWSWORTHY ITEMS

Items that are appropriate for inclusion in this publication should be sent to:

Gregory W. Lewis, J.D.
AACI Coordinator
JRB Associates, Inc.
1651 Old Meadow Road
McLean, Virginia 22101
(703) 790-0673

Your comments and suggestions are welcomed for making this report as worthwhile as possible for your use.

THE UNIVERSITY OF TEXAS SYSTEM
CANCER CENTER

MEMORANDUM

DATE: 1/23/74

TO: Dr. Clark

FROM: BJK
OFFICE OF THE PRESIDENT

MESSAGE:

This is a very interesting paper, well worth the time to read it. It is not about systems management. It touches on medical philosophy, mass communication and education, university structure, self-government, individual responsibility for health, etc.

I recommend it.

PSF(I-117)

CANCER RESEARCH CENTER
CRC
PHONE 314-443-3103
BUSINESS LOOP 70
AND GARTH AVENUE
COLUMBIA MO 65201

10.1

18 January 1974

Timothy R. Talbot, Jr., M.D.
Director
Institute for Cancer Research
7701 Burholme Avenue
Philadelphia, Pennsylvania 19111

Dear Tim:

Thanks for calling Comroe's letter to my attention. My personal philosophy is against any form of secrecy in public deliberations. That was also Thomas Jefferson's point of view as I have summarized in the enclosed paper. Jefferson regarded the free and uninhibited flow of information to an educated society as being an indispensable necessity in self governance.

Sincerely,

John S. Spratt, Jr., M.D., F.A.C.S.
Director

JSS:mc
cc: R. Lee Clark, M.D.
Murray M. Copeland, M.D.
Edwin A. Mirand, M.D.
Gerald P. Murphy, M.D.

Enclosure

Thomas Jefferson

The Scholarly Politician and His Influence on Medicine*

John S. Spratt, Jr., M.D.**

* This investigation was supported in part by USPHS Grant No. CA 08023

**Director, Cancer research Center, Business 70 & Garth Avenue, Columbia, Missouri 65201 and Chief Surgeon, Ellis Fischel State Cancer Hospital, Business 70 & Garth Avenue, Columbia, Missouri 65201

Reprint requests to Dr. Spratt at the Cancer Research Center

The purpose of this paper is to explore Thomas Jefferson's original and continuing impact upon both clinical and preventive medicine through his personal scholarship and his political actions. History has many examples of scholarship and political attainment in the same individual, but few individuals measure up to Thomas Jefferson's simultaneous achievements in both spheres. As a politician who appreciated what science had to offer for the good of the people, he fostered the advancement of science and its use by the public. As a scientist, he experimented with the political system to a degree that few men have ever done before or since. He planned experiments in the maintenance of self-government by educated individuals. He had no durable models that met all the needs. During his 83 years of life, he was not able to set up controlled experiments to ascertain which model might work best. His untested hypothesis was that educated free men could govern themselves in a rational manner.

His contributions to and knowledge of science have been the subject of many writings. He had personal interest in and, in many instances, contributed to the fields of meteorology, paleontology, ethnology, archaeology, astronomy, chemistry, agriculture, geology, exploration, botany, medicine and mechanical inventions.[1] Jefferson was aware of the great strides being made in many fields of science during his life but recorded his concern that medicine was not making similar progress. This was especially disturbing to him because he considered medicine to be the most important science.

Jefferson's basic political philosophy affected in a significant way his attitude toward medicine, and the permeation of his values into the public and private system of the United States affects to this day the application of medical knowledge. The basic Jeffersonian values supported limited government, candor and accountability of public officials, frugality, dispersal of power in many hands and a deep respect for individual privacy and for the variety,

spontaneity and vigor that individuals acting in their private capacity impart to a society. At the heart of the Jeffersonian faith is a canny knowledge of man's fallibility and government's weakness. He recognized that no government can make us good or evil; it can only make it somewhat harder or easier for each of us to lead an upright, responsible life.[2]

Jefferson's evaluation of clinical medicine is contained in his letters, many of which were to physicians such as Drs. Benjamin Waterhouse, James Curie, Caspar Wistar and others. His letter to Wistar regarding the education of his grandson in medicine provides a revealing introduction:

> I have a grandson,...now about 15 years of age, in whose education I take a lively interest...I am not a friend to placing growing men in populous cities, because they acquire there habits & partialities which do not contribute to the happiness of their after life. But there are particular branches of science, which are not so advantageously taught anywhere else in the U. S. as in Philadelphia. The garden at the Woodlands for Botany, Mr. Peale's Museum for Natural History, your Medical school for Anatomy, and the able professors in all of them, give advantages not to be found elsewhere. We propose, therefore, to send him to Philadelphia to attend the schools of Botany, Natural History, Anatomy, & perhaps Surgery; but not Medicine. And why not of Medicine, you will ask? Being led to the subject, I will avail myself of the occasion to express my opinions on that science, and the extent of my medical creed...
>
> We know, from what we see & feel, that the animal body in [its] organs and functions is subject to derangement, inducing pain, & tending to [its] destruction. In this disordered state, we observe nature providing for the re-establishment of order, by exciting some salutary evacuation of the morbific matter, or by some other operation which escapes our imperfect senses and researches. She brings on a crisis, by stools, vomiting, sweat, urine, expectoration, bleeding &c., which for the most part, ends in the restoration of health action. Experience has taught us, also, that there are certain substances, by which, applied to the living body, internally or externally, we can at will produce these same evacuations, and thus do, in a short time, what nature would do but slowly, and do effectually, what perhaps she would not have strength to accomplish...[3]

Jefferson was particularly aware that improper treatment could produce iatrogenic problems, and he admonished physicians to leave nature alone when they had no rational basis for evaluating the significance of their interference. Thorup reports examples showing how failure to heed Jefferson's advice is still

leading to iatrogenic deaths in 1972. Thorup observes that Jefferson's Notes on the State of Virginia presents a concise statement against the creation of iatrogenic problems.[4]

> "Ignorance is preferable to error and he is less remote from the truth who believes nothing, than he who believes what is wrong. ...the adventurous physician goes on, and substitutes presumption for knowledge. From the scanty field of what is known, he launches into the boundless region of what is unknown...I believe we may safely affirm, that the inexperienced and presumptuous band of medical tyros let loose upon the world, destroys more human life in one year, than all the Robin Hoods, Cartouches and Macheaths do in a century. It is in this part of medicine that I wish to see reform, an abandonment of hypothesis for sober facts, the lowest of visionary theory. I would wish the young practitioner, especially, to have deeply impressed on his mind, the real limits of his art, and that when the state of his patient gets beyond these, his office is to be a watchful, but quiet spectator of the operation of nature, giving them fair play by a well-regulated regimen, and by all the aid they can derive from the excitement of good spirits and hope in the patient."[4]

Jefferson, an alumnus of William and Mary, was first involved with medical education in 1779 when he was elected to the board of visitors of that college. He credited William Small, a scientist on the William and Mary faculty, for awakening his interest in the sciences. Jefferson participated in the reorganization of the college which included creating chairs in "Anatomy, Medicine and Chemistry."[5] However, political and economic events did not favor the survival of medical education at William and Mary. Jefferson was subsequently successful in giving birth to a medical school at the University of Virginia.

In the process of organizing the University of Virginia, Jefferson set up the first full-time state supported university-based chair of medicine and sent an emissary to England to recruit its first occupant, Dr. R. Dunglison (1798-1869), an 1819 graduate of The Royal College of Surgeons of London. He attained a medical degree from Erlangen in 1823.[6] Dunglison's philosophy in his farewell address of 1838 indicates that he was profoundly influenced by his association with Jefferson:

> It has always been my anxious endeavor to remove everything of mystery from the science which it is my line to teach; to separate fact from hypothesis, and to attempt to exhibit it, as far as it is capable of being exhibited, as a demonstrative science. I have ever recommended you, in deducing your therapeutical indications, to be guided by general principles; to avoid being wedded to any exclusive sect or system,--fondness for which has been and is a striking obstacle to the advancement of medicine; to watch philosophically and diligently the march of nature; to discard all blind empiricism, and where you are in doubt rather to give the patient the benefit of the doubt than to risk his safety by the rash administration of that which may be the bearer of good or evil; to cherish no arcana; and as a general principle to freely expose to your patient, intelligent and if he desire it, the grounds on which you proceed in the management of his case. If you cannot do this there will generally be good reason for supposing that your comprehension of the case is not as clear as it ought to be.[7]

Before we further discuss Jefferson's influence on the university system and medical education, it is relevant to review the principles and systems that affected his philosophy of education. Jefferson's efforts as a politician were influenced by his education as a lawyer. Legal education in his day as now is very much influenced by the writings of Roman lawyers. Jefferson refers frequently to Cicero.[8] The Roman lawyers gave form and structure to the property-based legal system of the Western world. Knowledge beyond the most immediately applicable had little value to them. This same legal system affects many aspects of our day-to-day existence.[9]

Teachers were held in the lowest esteem in Rome and subsisted under the most menial conditions.[10] Not until the Middle Ages did teachers begin to coalesce into corporations known as colleges and eventually universities. These corporations increased the market value and quantity of knowledge. The Romans had no universities; they presided over the death of the Greek academies.

By the time universities began to appear in Western Europe all of Europe had been Latinized first by the Roman Empire and then by the Church. The Greek love of knowledge was largely dead but Greek knowledge itself had been preserved by the Mohammedans with their respect for both knowledge and scholars. In the Latinized Western Society, with its property-based legal

system, the reintroduction of Greek knowledge was accommodated only by classifying knowledge as a commodity that could be controlled by a corporation. The Greek spirit of knowledge for the love of knowledge was not accommodated and is still deficient today.[11] Students aggravate the commercialization of knowledge demanding course content that has monetary value in the immediate commercial setting.

In the absence of respect for the individual and the diffusion of useful knowledge among the body politic, the Roman Empire decayed when "material development outstripped human development."[10] Pacification through games, circuses and debauchery replaced human innovations, education and development.[10] By letting human development become secondary to corporate preservation, the cycle can repeat. Human development in the Jefferson sense involves responsible self-sufficiency with minimal dependence upon central authority. How to balance gain against risk is a constant political challenge.

Jefferson undoubtedly studied the University of Paris closely during his French experience. He may not have fully appreciated that the University of Paris was the principal political agent of the French monarchy for doing just what Jefferson considered most undesirable--dividing people into sheep and wolves. Many contemporary universities have evolved from the model of the University of Paris and all have the same latent potential for serving the needs of an autocratic government. The University of Paris and its alumni were so effective in exploiting the French peasant for the benefit of themselves and the king that the French revolution became a political necessity for survival of the peasant. Most of the faculty was beheaded because the revolutionaries were cognizant of their role in the exploitative policies of the monarchy.

The extension of Jefferson's influence directly into Middlewestern medicine may be traced to his role in formulating the Ordinance of 1787 to

establish and regulate the Northwest territory.[12] It required that a portion of the public land be set aside to support public education. When Michigan entered the Union, every 16th section was set aside for education. A portion of this was set aside for the University. Jefferson's philosophy was well known to a number of men involved in founding the University of Michigan and its medical school.[7]

However, by the terms of the Ordinance of 1787, Jefferson tied his agrarian value system to the support of higher education and made the support of public higher education partially dependent upon the value of property.[12] Thus, enhancement of property value by the administration of university corporations became a matter of public policy. This peculiar bias has also affected the support of education in general--even the public school systems vary widely in quality depending on the tax value of the property in the school district and not upon the people value. Jefferson thus contributed to the transfer of the land-based feudal system for educational support from Europe to the United States. The Church first, and then the feudal nobility, used universities as political and corporate instruments for control over property.[3,13] The twenty best endowed universities in the United States, having assets in excess of $7,681,000,000,[14] exemplify how effectively university corporations can be used for property control by small governing bodies appointed or perpetuated in various ways. The requirements for property value enhancement could prevent universities from providing unbiased leadership in the solution of public problems, such as the provision of universal health care.

The universities themselves progressively attempt to reduce knowledge to categories of property called courses and degrees that can be bought by those who can pay the fee. The university, like any other marketing organization, is

organized to protect and enhance the value of this major commodity. Paradoxically, Jefferson espoused the diffusion of publicly useful knowledge through the mass media, an approach that could reduce the public cost of acquiring university controlled knowledge. This has been true since the first degree, the licentia docendi, was awarded at Padua in the Middle Ages.[13]

In spite of his pursuit of self-government, Jefferson never really escaped the biases of his own aristocratic background. He thought in terms of an elite and wanted the Virginia gentlemen educated at his university to know something of medicine. At best, Dunglison never offered more than token medical service and may have accelerated Jefferson's own demise through his "physics" of mercury, a concoction Jefferson had previously refused to accept from non-university based physicians. Bean best summarizes Jefferson's attitude toward the ministration of physicians in the following:

> Perhaps because his health had been so good Mr. Jefferson had a dim view of doctors and once "In the presence of Dr. Everett, afterwards Private Secretary to Mr. Monroe...he remarked, that whenever he saw three physicians together, he looked up to discover whether there was not a turkey buzzard in the neighborhood."[7]

Jefferson really perceived the university as an instrument for educating an aristocracy which he hoped might, in turn, serve as an instrument for magnanimous political leadership. In his mind, most social problems seemed to remain the responsibility of the individual, limited government and a market restrained by a consumer too well educated to be duped. In the health field, a consumer would be so educated as to shun unhealthy commercial efforts such as the sale of tobacco or excessive consumption of refined carbohydrates pushed by the agribusiness.[15] Medical quacks would have gone hungry from the lack of consumer demand for their services. Jefferson's faith in the market has been partially justified since many useful medical developments have obviously been stimulated by market forces. However, as Morgenstern has observed, many economic theories to this day may be too underdeveloped to be of any use in solving complex problems in the real world.[16]

Jefferson founded the University of Virginia among a people who were already intellectually advanced. The ante-bellum South had spawned a locally controlled school system that had given its population the second highest literacy rate in the world. The literacy rate was exceeded only by Prussia.[17]

In this agrarian society a system of social medicine was well developed and fully operational as Jefferson describes in "Notes on the State of Virginia:"

> The poor, unable to support themselves, are maintained by an assessment on the titheable persons in their parish. This assessment is levied and administered by twelve persons in each parish, called vestryment, originally chosen by the house-keepers of the parish, but afterwards filling vacancies in their own body by their own choice. These are usually the most discreet farmers, so distributed through their parish, that every part of it may be under the immediate eye of some one of them. They are well acquainted with the details and oeconomy of private life, and they find sufficient inducements to execute their charge well, in their philanthropy, in the approbation of their neighbours, and the distinction which that gives them. The poor who have neither property, friends, nor strength to labour, are boarded in the houses of good farmers, to whom a stipulated sum is annually paid. To those who are able to help themselves a little, or have friends from whom they derive some succours, inadequate however to their full maintenance, supplementory aids are given, which enable them to live comfortably in their own houses, or in the houses of their friends. Vagabonds, without visible property or vocation, are placed in workhouses, where they are well cloathed, fed, lodged, and made to labour. Nearly the same method of providing for the poor prevails through all our states; and from Savannah to Portsmouth you will seldom find a beggar. In the larger towns indeed they sometimes present themselves. These are usually foreigners, who have never obtained a settlement in any parish. I never yet saw a native American begging in the streets or highways. A subsistence is easily gained here: and if, by misfortunes, they are thrown on the charities of the world, those provided by their own country are so comfortable and so certain, that they never think of relinquishing them to become strolling beggars. Their situation too, when sick, in the family of a good farmer, where every member is emulous to do them kind offices, where they are visited by all the neighbours, who bring them the little rarities which their sickly appetites may crave, and who take by rotation the nighly watch over them, when their condition requires it, is without comparison better than in a general hospital, where the sick, the dying, and the dead are crammed together, in the same rooms, and often in the same beds. The disadvantages, inseparable from general hospitals, are such as can never be counterpoised by all the regularities of medicine and regimen. Nature and kind nursing save a much greater proportion in our plain way, at a smaller expence, and with less abuse. One branch only of hospital institution is wanting with us; that is, a general establishment of those labouring under difficult cases of chirurgery. The aids of this art are not equivocal. But an able chirurgeon cannot be had in every parish. Such a receptacle should therefore be provided for those patients; but no others should be admitted.[8]

As an analytical consideration, it would have been helpful to know the trends in the life expectancy of Virginians before and after the arrival of Dunglison. According to the Director of Statistical Services in the Commonwealth of Virginia, these data unfortunately do not exist.[18] A similar study in Missouri could only be traced to 1890, though life tables for London go back to John Graunt in the 17th century.[19] These studies suggest that improvement in public health has been the most significant single contributor to improved human well-being.

Another trend would be to evaluate the improvement in the state of Medicine at the University of Virginia, as Flexner did nearly one hundred years after Jefferson's work.[20] By the time Flexner made his report, he did so as a thoroughly indoctrinated university alumnus. The university transferred into American life from Europe the idea that university education insures self-actuated and ethical conduct. This concept has historically created a class with immunity from public accountability.

Current efforts to preserve peer review mechanisms represent a continued effort to preserve this concept. Flexner was primarily concerned with strengthening the financial base of university medical schools to improve the teaching of science. He makes only passing mention of the people's health. The health of the people was Jefferson's primary concern. However, even Flexner recognized that massive health education would one day be necessary, a field to which universities have given still only token attention.

Flexner firmly espoused the control of teaching hospitals by medical schools. As is evident in reports such as "The Hazards of Hospitalization,"[21] which came from the university hospital, Jefferson's admonition had not too thoroughly permeated this university hospital as late as 1964.

Flexner, in his report on the status of American medical education in 1910, nearly a century after Jefferson's effort, still does not find everything in proper order, though he does consider the University of Virginia in better order than many other medical schools. He notes the constant prevalence of over-commercializing medicine in both schools and practice. Public education had still not been fostered according to Jefferson's ideal as Flexner observes:

> The striking and significant facts which are here brought out are of enormous consequence, not only to the medical practitioner, but to every citizen of the United States and Canada; for it is a singular fact that the organization of medical education in this country has hitherto been such as not only to commercialize the process of education itself, but also to obscure in the minds of the public any discrimination between the well trained physician and the physician who has had no adequate training whatsoever. As a rule, Americans, when they avail themselves of the services of a physician make only the slightest inquiry as to what his previous training and preparation have been. One of the problems of the future is to educate the public itself to appreciate the fact that very seldom, under existing conditions, does a patient receive the best aid which it is possible to give him in the present state of medicine, and that this is due mainly to the fact that a vast army of men is admitted to the practice of medicine who are untrained in sciences fundamental to the profession and quite without a sufficient experience with disease. A right education of public opinion is one of the problems of future medical education.[20]

Flexner would have the public educated on the selection of qualified physicians which is, of course, important. Jefferson, however, wanted as much useful knowledge as possible directly in the minds of the people to enhance the preservation of their well-being as independent citizens. In Jefferson's time, the newspaper was the most important vehicle for distributing public information. Jefferson writes:

> If a nation expects to be ignorant and free, in a state of civilization, it expects what never was and never will be. The functionaries of every government have propensities to command at will the liberty and property of their constituents. There is no safe deposit for these but with the people themselves; nor can they be safe with them without information. Where the press is free, and every man able to read, all is safe.

> I am persuaded myself that the good sense of the people will always be found to be the best army. They may be led astray for a moment, but will soon correct themselves. The people are the only censors of their governors; and even their errors will tend to keep these to the true principles of their institution...
>
> The way to prevent these irregular interpositions of the people, is to give them full information of their affairs through the channel of the public papers, and to contrive that those papers should penetrate the whole mass of the people. The basis of our governments being the opinion of the people, the very first object should be to keep that right; and were it left to me to decide whether we should have a government without newspapers, or newspapers without a government, I should not hesitate a moment to prefer the latter. But I should mean that every man should receive those papers, and be capable of reading them. I am convinced that those societies (as the Indians) which live without government, enjoy in their general mass an infinitely greater degree of happiness than those who live under the European governments. Among the former, public opinion is in the place of law, and restrains morals as powerfully as laws ever did anywhere. Among the latter, under pretense of governing, they have divided their nations into two classes, wolves and sheep.[2]

Even with the technological changes in various mass media, it is worth noting that most people still get the information they need to conduct their daily affairs from newspapers.[22] Perhaps both Jefferson and Flexner could yet have their objectives attained if it could be "contrived" how to get health-preserving information diffused among the people in a way that would counterbalance the health destructive elements of commercial advertising and individual behavior.

The greatest challenge to the media would be in countering their own commercial orientation toward sensationalism to attract consumer attention and demand for health destructive products and practices. The idea of forearming a consumer public with scientific knowledge regarding nutritional needs is in conflict with the agribusiness's use of commercial advertising for the oversell of foods often containing little or no nutritional balance and often contaminated with additives having varying effects on health.

With Jefferson's typical insistence that each individual exercise responsible behavior, it is not surprising that he carefully studied and

fostered personal habits which maintained him in a health state to an advanced age. Thomas Jefferson had inductively resolved on a diet with minimum chances of producing chronic diseases. Dr. Vine Utley once asked him about the personal habits he considered contributory to his own health. Jefferson wrote the following comments in the 76th year of life. We can confirm that little new knowledge in preventive medicine really exists by noting his comments to Dr. Utley in this letter written from Monticello on March 21, 1819:

> I live so much like other people, that I might refer to ordinary life as the history of my own. Like my friend the Doctor, I have lived temperately, eating little animal food, and that, not as an aliment so much as a condiment for the vegetables, which constitute my principal diet. I double however, the doctor's glass and a half of wine, and even treble it with a friend; but halve [its] effect by drinking the weak wines only. The ardent wines I cannot drink, nor do I use ardent spirits in any form. Malt liquors and cyder are my table drinks, and my breakfast, like that also of my friend, is of tea and coffee. I have been blest with organs of digestion which accept and concoct, without ever murmuring whatever the palate chuses to consign to them, and I have not yet lost a tooth by age. I was a hard student until I entered on the business of life, the duties of which leave no idle time to those disposed to fulfill them; and now retired, and at the age of 76, I am again a hard student. Indeed my fondness for reading and study revolts me from the drudgery of letter writing,...I never go to bed without an hour, or half hour's previous reading of something moral, whereon to ruminate in the intervals of sleep. But whether I retire to bed early or late, I rise with the sun. I use spectacles at night, but not necessarily in the day, unless in reading small print. My hearing is distinct in particular conversation, but confused when several voices cross each other, which unfits me for the society of the table. I have been more fortunate than my friends in the article of health. So free from catarrhs that I have not had one, (in the breast, I mean) on an average of 8 or 10 years thro' life. I ascribe this exemption partly to the habit of bathing my feet in cold water every morning for 60 years past.[23]

He lived to the age of 83 years and 3 months and brought about his own final problems by stressing his aged body beyond its tolerance. He wrote the following to John Adams on December 18, 1825:

> I have enjoyed a greater share of health than falls to the lot of most men; and my spirits have never failed me except under those paroxysms of grief which you, as well as myself, have experienced in every form; and

with good health and good spirits the pleasures surely outweigh the pains of life...being at...the neighborhood of our warm springs, and well in health. I wished to be better, and tried them. They destroyed in a great degree my internal organism, and I have never since had a moment of perfect health. I have now been 8 months confined almost constantly to the house, with now and then intervals of a few days on which I could get on horseback.[23]

With these insights, Jefferson recognized the relation of personal habits and nutrition to health and exemplified the persistent need for education's placing directly in the hands of each individual the knowledge of living patterns that will prevent disease. That Jefferson had an abiding interest in nutrition before the science was even born is well documented in Thomas Jefferson's Cook Book by Marie Kimball,[24] wherein many Jeffersonian rules for chef and kitchen are recorded. Unfortunately, his interest antedated the development of nutrition as a science, and he may have contributed to the introduction of many bad dietary habits acquired while he was in France to his much more nutritious Virginia diet. Those bad habits were perhaps seeded into the American way by Jefferson's French experiences. It is particularly true with respect to non-nutritious but high caloric delicacies.

In the purely applied sense, Jefferson made a very major contribution to preventive medicine. He became an early disciple of Jenners and for a time took an intense interest in smallpox vaccination. Martin reviewed a series of 15 letters between Jefferson and Jenner (1801-1822).[25] Jefferson's communicant, Dr. Waterhouse, apparently received the first American shipment of Jenner's virus in July, 1800. He first vaccinated his own family in August. Jefferson took an early interest in Waterhouse's observations (letter of 25 December 1800). He early obtained supplies of virus and persisted through several unsuccessful attempts until he had a successful strain for vaccination. He vaccinated his own family and willing neighbors and lucidly

described the technique and reaction. He was personally instrumental in the distribution of effective vaccine throughout Virginia and the South, giving creditability to Jenner and Waternouse's observations.

Jefferson's efforts to improve the low status medicine held in his time have been summarized in W. B. Bean's article "Mr. Jefferson's Influence on American Medical Education--Some Notes on the Medical School of the University of Virginia."[7] Bean concluded that Jefferson, through direct personal endeavors and influence, introduced or fostered: the development of a medical school in a university setting, establishing the same qualifications for physician teachers as for professors in other divisions of the arts and sciences; state support for training physicians, that commonwealth might foster commonweal, and then in turn, health make wealth; the development of an American medical school as a forum for finding and developing knowledge, that progress in the science of the future might be used by man to determine his own place in nature, and perhaps to control and improve it; learning in medicine as a part of the broad education deemed essential for a cultured gentleman; encouragement of physiology, as a major element in medical education; the first full-time clinical faculty in America; conservatism against the use of extraneous procedures and heroic drugging in medical therapy and honor among men as an essential element in maturity.[7]

Discussion

For medicine to follow the route Jefferson espoused but had incomplete knowledge to pursue without error, it would have to take some turns away from its present direction. It would concentrate on placing the maximum degree of knowledge in the minds of the people so that they could maintain their own health through their own behavior. As consumers of health services, they would have the knowledge to demand a scientifically evaluated product

from the providers and would be able to protect themselves from costly commercial oversells of health services and the oversell of commercial products detrimental to or unnecessary for health maintenance. They would be entitled to and could understand the scientific reason for all medical ministrations. The health services would have to organize the product to insure that it was needed, relevant, accessible and scientifically logical in its application and that it was available at a justifiable cost. The logic of medical science would have to be reduced to a simple form understandable to the consumer and free of "amphibologisms" so he could make an informed choice. Amphibologism was a favorite word of Jefferson not used frequently enough in current times. It refers to an ambiguity of language that can be understood in more than one way. Jefferson was a profound student and critic of the amphibologisms of the clergy[26] and was striving to penetrate the amphibologisms of the medical men of his day. If health indeed becomes a right and not a privilege, then even more drastic and cost effective measures would become necessary, such as the use of operations research methods for the formulation of scientifically sound as well as humanely and economically relevant interdisciplinary collaboration in an environment rewarding synergistic problem-solving.[27,28]

Thomas Jefferson recognized the value of science to the people. As a working politician, he fostered the support of science and the development of educational institutions that would promote and teach science. He clearly recognized that the medicine of his day was no science at all and was, in fact, dangerous because of the prevailing ignorance with which physicians interfered with natural processes. He recognized that this danger could be corrected only by making medicine a more exact science. In his efforts to do so, he tied medicine to the university by establishing the

first full-time state-supported medical chair at the University of Virginia.

Though Jefferson appreciated that the health of the people was vital to the wealth and strength of the nation, he may not have fully appreciated that by tying health to the university, he insured that health care would be classified as a commodity, just as knowledge has been classified as a commodity by the evolution of universities from the property-based feudal system. Market forces tend to an oversell of both health care and university categorized knowledge and an undersell of individual self-sufficiency. Individual self-sufficiency was more in keeping with Jefferson's philosophy and personal actions. The intervention of the physician was justified in Jefferson's mind only when the physician had scientifically sound evidence that his intervention was necessary and beneficial for his patient.

From Jefferson's social experiments, data continue to accumulate and it would literally be possible to set up a field of behavioral study entitled "The Jeffersonian Evolution." Medicine, which he considered the most important science, is still experiencing this evolution. Jefferson gave medicine a preeminent position because of the political and economic significance of health. The health of the people was, to his political mind, inseparable from the wealth of the people and the strength of their political system. He considered that an informed people would be knowledgeable participants in the maintenance of their own well-being and would exercise informed consumer demand for scientifically justified medical intervention.

The obstructions to the more general diffusion of useful knowledge in a market economy may be partially correctable by contemporary trends toward greater appreciation of the value of human capital.[29] Human capital is the potential monetary value of people and is a product of knowledge, motivation and opportunity. The maximum development and preservation of the people would

require a more systematic approach toward human capital preservation, just as other potential capital assets are developed and protected. That people deserve no less development than coal, oil, steel, highways, rivers and other material assets is not the orientation of most business accounting systems when property and money are the only assets considered. How to account for the enhanced value of synergistic collaboration among people is an even more complicated problem. The actions most necessary for the preservation of a democratic society in the Jeffersonian sense may be the most complicated of all problems: the declassification of knowledge as university controlled corporate property and the more uniform diffusion of personally useful information among the entire population. Communication technology exists to continue the Jeffersonian Evolution along the originally charted course if this declassification and diffusion can be accelerated through universally accessible public media.

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Figure 1.

The Rembrandt Peal (1778-1860) portrait of Thomas Jefferson. (Courtesy of the Thomas Jefferson Memorial Foundation, Charlottesville, Virginia.)

THE UNIVERSITY OF TEXAS SYSTEM
CANCER CENTER

MEMORANDUM

DATE 9-24-74

TO: N L

FROM: P H L
OFFICE OF THE PRESIDENT

MESSAGE:

THIS MAY BE OF
HELP TO YOU AS A
WORK SHEET.

PSF(1-117)

7/18/74

AACI TASK STATUS

Task	Project Officer	Team Leader	Status	Estim Co
Task 1 - Admin & Fiscal Profiles a. Profiles b. Project Coordinator	Morrison/ Parkman	Roswell Park	In work. Contract NO1-CN-45056. $99,000	$35, 64,
Task 2 - Data Processing Requirements	Morrison	UTSCC	Included in proposal of June 1973. Approved but not funded. Parkman will determine if: (1) we must resubmit proposal, and (2) work can be added to task 1 contract. Answer promised by July 22. Proposal is ready, if required.	$28,
Tasks 3,4,5 . Nomenclature, Classification, Staging, & End Result Reporting . Medical Records & Registry . Epidemiology and Biostatistics Information Systems	Newell/ O'Conor	UTSCC	Interim Program (RCH) . Will get 30 K for planning. . Result of the planning effort should be a pro-prosal, including a definitive plan for the next phase. . Parkman has initiated the paperwork to have the 30K added to the Task 1 contract Long-Range Program . Dr. Russell is preparing a draft statement of work for review with NCI . Next step is to prepare a proposal	$30,0

Task	Project Officer	Team Leader	Status	Esti C
Task 6 - Organization			No action.	
Task 7 - Cancer Literature and Retrieval Systems	O'Conor	UTSCC	Articles on Neoplasia . Draft proposal sent to Dr. Schneider on 7/18/74 to expand the document . A final proposal will be submitted after the scope of work has been agreed upon Long-Range Program No Action	$24
Task 8 - Patient Management & Planning Techniques			No action	

Task	Project Officer	Team Leader	Status	Estim Co
Task 9 - Research Management & and Planning			No action	
Task 10 - Clinical Research			No action	
Task 11 - Medical Education, Curricula, and Cooperative Programs		Cancer Research Center	A draft statement of work was sent to Dr. M. Edwards (Cancer Control) on 6/5/74	
Task 12 - Cancer Control			No action	

CANCER RESEARCH CENTER
PHONE 314 443 3103
BUSINESS LOOP 70
AND GARTH AVENUE
COLUMBIA MO 65201

10.1

July 3, 1974

R. Lee Clark, M.D., President
The University of Texas
M.D. Anderson Hospital & Tumor Institute
Texas Medical Center
Houston, Texas 77025

Dear Dr. Clark:

This letter is to advise you that the Cancer Research Center and Ellis Fischel State Cancer Hospital have submitted an application to the National Cancer Institute for a Cancer Center Support Grant. The document consists of several hundred pages of text and several lengthy appendices. Because of the size we have reduced and generalized the content into summary form. (The summary is attached for your perusal.) A bound copy of the entire application is available for your review at the Cancer Research Center.

The advantages of this core support grant to a cancer center in Missouri are numerous. The grant will help make available important additional resources for the cancer patients and health professions of the state. It can enhance the quality and scope of programs and will be a credit to Missouri if the designation can be obtained.

As the National Cancer Program Plan is evolving more and more programs are being funded under contract either to or through cancer centers holding these core support grants. This is particularly the case for Community Cancer Control Program projects.

For the state to obtain maximum benefit from these cancer control projects the presence of a designated cancer center in Missouri is a necessity. Consequently, one of the Cancer Research Center--Ellis Fischel State Cancer Hospital obligations as holder of a Cancer Center Support Grant will be to increase the level of collaborative arrangements with other health care facilities and agencies in Missouri actively relating to the cancer problem. This collaboration will assist in bringing as much beneficial cancer funding support as possible into Missouri.

Our application will accommodate a pattern of developing collaboration with other health facilities which we would look forward to continuing with other comprehensive or special cancer centers which might evolve in Missouri or elsewhere that could add to the quality of the total program.

We would appreciate your review of the attached summary (and the master application, if you wish). Your endorsement of the application would considerably enhance our chance for approval of the application. If it is approved we'll advise you of the scope of core support actually funded. If you have any questions please let me know.

Sincerely,

John S. Spratt, Jr., M.D.
Director

Enclosure

SUMMARY

CANCER CENTER SUPPORT GRANT

CANCER RESEARCH CENTER

ELLIS FISCHEL STATE CANCER HOSPITAL

Submitted to the National Cancer Institute

June 1, 1974

INTRODUCTION

There has been increasing emphasis in recent years upon centers of broad scope which can provide a comprehensive, multidisciplinary attack upon cancer problems. The National Cancer Act of 1971 has given further stimulus to this trend by providing for the establishment of additional cancer centers.

For purposes of funding by the National Cancer Institute, cancer centers are now divided into two classes: comprehensive and specialized. Comprehensive centers are those conducting long-term multidisciplinary programs in the following areas: cancer biomedical research; cancer clinical services and investigation; cancer training and education; and, community programs of cancer diagnosis, epidemiology and preventive medicine. Specialized cancer centers have programs in one or more but not all of the above areas in which the research effort, specialized study, or form of patient treatment has resulted in well-defined areas of emphasis.

Whether comprehensive or specialized the cancer center should have appropriate geographical distribution to insure maximum benefits for the largest possible fraction of the population; strong interactions with organizations, agencies and institutions in the area; patient care facilities necessary for clinical research and teaching in cancer; a multiplicity of sources of support; educational activities; and, physical facilities committed to the cancer center.

The National Cancer Institute's Cancer Center Support Grant Program is intended to fund the centralized and coordinating functions of a cancer center;

research and other functions will be funded through the normal funding mechanisms, e.g., individual research grants, training grants, contracts.

BACKGROUND

To date the National Cancer Institute has named only twelve comprehensive cancer centers in the United States. The May 24, 1974 issue of The Cancer Newsletter indicates that four additional centers will be named within the next month. The key to successful competition for the designation has been cooperation, collaboration, and continuing commitment to the cancer problem.

The twelve centers identified so far leave large population gaps. According to The Cancer Newsletter the largest population group left without a comprehensive center is the Ohio Valley with 18 million persons. The Midwest is second with 17.9 million; the Central states (Nebraska, Kansas, Iowa, Missouri) are third with 11.2 million; the Delaware Valley is fourth with 9.5 million; Michigan with 8.8 million; Northern California and Northern Nevada with 7.7 million; and, the Mountain states with 6.3 million.

CANCER RESEARCH CENTER--ELLIS FISCHEL STATE CANCER HOSPITAL

CENTER SUPPORT GRANT APPLICATION

The content of the Cancer Research Center and Ellis Fischel State Cancer Hospital Cancer Center Support Grant application follows the guides issued by the National Cancer Institute. The following table of contents represents the ten major areas of information required in the center grant application.

TABLE OF CONTENTS

The appendices included in this particular grant application are as follows:

APPENDICES

Throughout the development of this cancer center grant application avoidance of harmful duplication and/or competition was primary in our minds. It was our intent in the content and appendices, specifically the appendices relating to the Cancer Control Report to the State Cancer Commission, the Comprehensive Health Planning Report to the Governor of Missouri, and the information on the American Association of Cancer Institutes Plan to Develop Cooperative Action and Common Practice Among Cancer Institutes, to represent not just the Cancer Research Center or Ellis Fischel State Cancer Hospital but to represent Missouri as an appropriate medical resource for participation in the Centers Program and in the National Cancer Program Plan.

PLANS FOR CENTER DEVELOPMENT

The goal of this center is to provide for the citizens of Missouri a comprehensive cancer program encompassing programs in prevention, detection and/or screening, treatment, rehabilitation, education and research.

The objective of the Ellis Fischel State Cancer Hospital historically has been to provide treatment to the referred segment of the cancer population in Missouri. This service has been supported by educational, community and rehabilitation programs. Since August 1972, the hospital has been open to all cancer patients in Missouri on the basis of referral.

The objective of the nonprofit Cancer Research Center has been to develop research and training programs at the center. The Cancer Hospital and

the Research Center are now in an opportune stage of development to provide Missouri with necessary cancer programs through participation in the National Cancer Institute's Cancer Centers and Cancer Control Programs. The $7.6 million hospital wing and the addition of 20,000 square feet of laboratory space indicate private and state interests in the growth of an exemplary cancer program for Missouri.

Comprehensive Health Planning in Missouri recently has forwarded to the office of Governor Christopher Bond three recommendations on the priorities for Missouri cancer programs. Two of these recommendations specifically name the Cancer Research Center and Ellis Fischel State Cancer Hospital and indicate that: (1) state support for basic research should be forthcoming to support the growth of these institutions, and (2) Missouri should provide support for development of a comprehensive cancer program at the two institutions.

Three problems which have slowed development of these institutions over the years either have been rectified or are being addressed in a very direct manner. (1) State Support for medical staff salaries has been noncompetitive and has not been conducive to the type of recruiting capabilities that are necessary. This problem has been resolved as the salary level for department chairmen and associate department chairmen has been improved. A proposal is being developed for submission which would move these salaries to a higher range. (2) State support for basic and/or clinical research has been essentially nonexistent. The Missouri Revised Statutes 1959 state that the state cancer hospital shall be primarily and principally designed for the care and treatment of persons afflicted with cancer, such scientific research as

will promote the welfare of patients committed to its care and for the care of legal residents of Missouri only. To date state support for scientific research has not been available in an appreciable form.

Discussions have been held with the director of the Missouri Division of Health, the State Budget Office and the State Personnel Office which hopefully will lead to the creation and support of key research positions. (3) With the increase in medical staff salaries and the emphasis on state supported clinical research positions it is anticipated that a third area of concern can be addressed. This is the area of cooperative programs with the dental and medical schools, teaching hospitals, and nursing schools in our geographic area. The Cancer Research Center and Ellis Fischel State Cancer Hospital do have a number of affiliations with both state and private resources, but the need to develop further reciprocal arrangements is also evident. To date such arrangements have not been expended due to the overextension of professional staff which support from this grant should help alleviate. With the increase in medical staff salaries we anticipate more continuity than has been the case in past years and this continuity will assist in development of necessary reciprocal programs. Avoidance of unnecessary duplication and harmful competition is a priority overriding all center negotiations. Examples of our programs are represented by the success in the maxillofacial prosthetic rehabilitation department. Reciprocal arrangements are in force with the University of Missouri Dental School in Kansas City, the University of Missouri Medical Center in Columbia, and the Veterans Administration Hospital in Columbia. Also, these institutions participated in a site visit regarding the establishment of a Regional Maxillofacial Prosthetic Rehabilitation Center at CRC-EFSCH, supported the center's development and stated that avoidance

of competition and duplication were foremost in their considerations--the welfare of the Missouri cancer patient was the important issue.

The pathology department at Ellis Fischel State Cancer Hospital recently has formalized an arrangement with the University of Missouri Medical Center at Columbia. This arrangement will primarily benefit the medical student by providing exposure to the cancer hospital pathology department's operations and at the same time allows the EFSCH department chairman one week per month at the medical school for teaching purposes. These arrangements are only examples of the progress required over the next several years in the area of cooperative arrangements.

The center support grant will provide for development of an organizational structure which will support commonality of purposes and present the greatest potential for long-range achievement in Missouri. The structure proposed represents collaborative administration, programs, and services which can be more easily achieved through the center support grant than might otherwise be possible.

01 year implementation will solidify administrative support and promote planning capabilities essential to center programs. One of the key sections supported in the 01 year will be the office of program planning. This office will serve as a planning vehicle for the center as well as the Missouri State Cancer Control Program. It will have the authority to serve as center liaison with the National Cancer Institute, state health agencies and/or associations, and communities in promoting program development. Quite often small community hospitals, clinics, etc., do not

have adequate familiarity with available contracts and/or grants to develop needed programs. This staff can hopefully fill this gap and be of assistance to the center, the State Cancer Commission, and communities in development of needed cancer programs. Cooperation with the Missouri Division, Inc., American Cancer Society has to date identified outreach program needs. This planning unit will be an asset to the cancer society in this specific area.

It is proposed in the first six months of the 01 year that consultants will be utilized in the development of clinical pharmacology and immunology sections. Don Morton, M.D., U.C.L.A. and Murray Heimburg, M.D., University of Missouri Medical Center, have been contacted to assist in development of these sections. The two department heads, their associates and clerk-typists will be recruited to begin the second six months of the 01 year.

Space for this proposed activity is currently being completed in the new CRC laboratory building and the Missouri Division, Inc., American Cancer Society is reviewing a request for $27,000 to at least minimally equip laboratory space for these disciplines.

The 02 and 03 years will concentrate on development of grants in two areas which complement ongoing center activity. Plans for an immunology section and a clinical pharmacology section will be developed and the state will be approached over the period of the grant to insure suitable continuation of these two programs.

Ellis Fischel State Cancer Hospital and the Cancer Research Center represent a unique cancer resource which through this grant can initiate programs representing real needs in the region and which can be developed through the multiplicity of contacts available throughout Missouri.

Through this grant we will accomplish: (1) a common administrative core, (2) creation of a much needed planning section, and (3) through the aforementioned channels create an agreement with state government to support federal initiation of program plans in immunology and clinical pharmacology which would then continue to be supported by the State of Missouri.

PERIOD OF FUNDING REQUESTED AND AMOUNT

Three years: 01 year $350,117

02 year $453,177

03 year $456,086

CANCER RESEARCH CENTER
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COLUMBIA MO 65201

June 5, 1974

R. Lee Clark, M.D.
President
M. D. Anderson Hospital and Tumor Institute
Texas Medical Center
Houston, Texas 77025

Dear Lee:

As I mentioned in Philadelphia, we submitted our cancer center support grant application in advance of the 1 June deadline. An executive summary of the application is enclosed. A favorable site visit team is essential for success. Any suggestions you have would be appreciated.

I thought the Philadelphia meeting was quite productive.

With best regards.

Sincerely,

John S. Spratt, Jr., M.D.
Director

Enclosure

SUMMARY

CANCER CENTER SUPPORT GRANT

CANCER RESEARCH CENTER

ELLIS FISCHEL STATE CANCER HOSPITAL

Submitted to the National Cancer Institute

June 1, 1974

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For purposes of funding by the National Cancer Institute, cancer centers are now divided into two classes: comprehensive and specialized. Comprehensive centers are those conducting long-term multidisciplinary programs in the following areas: cancer biomedical research; cancer clinical services and investigation; cancer training and education; and, community programs of cancer diagnosis, epidemiology and preventive medicine. Specialized cancer centers have programs in one or more but not all of the above areas in which the research effort, specialized study, or form of patient treatment has resulted in well-defined areas of emphasis.

Whether comprehensive or specialized the cancer center should have appropriate geographical distribution to insure maximum benefits for the largest possible fraction of the population; strong interactions with organizations, agencies and institutions in the area; patient care facilities necessary for clinical research and teaching in cancer; a multiplicity of sources of support; educational activities; and, physical facilities committed to the cancer center.

The National Cancer Institute's Cancer Center Support Grant Program is intended to fund the centralized and coordinating functions of a cancer center;

research and other functions will be funded through the normal funding mechanisms, e.g., individual research grants, training grants, contracts.

BACKGROUND

To date the National Cancer Institute has named only twelve comprehensive cancer centers in the United States. The May 24, 1974 issue of The Cancer Newsletter indicates that four additional centers will be named within the next month. The key to successful competition for the designation has been cooperation, collaboration, and continuing commitment to the cancer problem.

The twelve centers identified so far leave large population gaps. According to The Cancer Newsletter the largest population group left without a comprehensive center is the Ohio Valley with 18 million persons. The Midwest is second with 17.9 million; the Central states (Nebraska, Kansas, Iowa, Missouri) are third with 11.2 million; the Delaware Valley is fourth with 9.5 million; Michigan with 8.8 million; Northern California and Northern Nevada with 7.7 million; and, the Mountain states with 6.3 million.

CANCER RESEARCH CENTER--ELLIS FISCHEL STATE CANCER HOSPITAL CENTER SUPPORT GRANT APPLICATION

The content of the Cancer Research Center and Ellis Fischel State Cancer Hospital Cancer Center Support Grant application follows the guides issued by the National Cancer Institute. The following table of contents represents the ten major areas of information required in the center grant application.

TABLE OF CONTENTS

The appendices included in this particular grant application are as follows:

APPENDICES

Throughout the development of this cancer center grant application avoidance of harmful duplication and/or competition was primary in our minds. It was our intent in the content and appendices, specifically the appendices relating to the Cancer Control Report to the State Cancer Commission, the Comprehensive Health Planning Report to the Governor of Missouri, and the information on the American Association of Cancer Institutes Plan to Develop Cooperative Action and Common Practice Among Cancer Institutes, to represent not just the Cancer Research Center or Ellis Fischel State Cancer Hospital but to represent Missouri as an appropriate medical resource for participation in the Centers Program and in the National Cancer Program Plan.

PLANS FOR CENTER DEVELOPMENT

The goal of this center is to provide for the citizens of Missouri a comprehensive cancer program encompassing programs in prevention, detection and/or screening, treatment, rehabilitation, education and research.

The objective of the Ellis Fischel State Cancer Hospital historically has been to provide treatment to the referred segment of the cancer population in Missouri. This service has been supported by educational, community and rehabilitation programs. Since August 1972, the hospital has been open to all cancer patients in Missouri on the basis of referral.

The objective of the nonprofit Cancer Research Center has been to develop research and training programs at the center. The Cancer Hospital and

the Research Center are now in an opportune stage of development to provide Missouri with necessary cancer programs through participation in the National Cancer Institute's Cancer Centers and Cancer Control Programs. The $7.6 million hospital wing and the addition of 20,000 square feet of laboratory space indicate private and state interests in the growth of an exemplary cancer program for Missouri.

Comprehensive Health Planning in Missouri recently has forwarded to the office of Governor Christopher Bond three recommendations on the priorities for Missouri cancer programs. Two of these recommendations specifically name the Cancer Research Center and Ellis Fischel State Cancer Hospital and indicate that: (1) state support for basic research should be forthcoming to support the growth of these institutions, and (2) Missouri should provide support for development of a comprehensive cancer program at the two institutions.

Three problems which have slowed development of these institutions over the years either have been rectified or are being addressed in a very direct manner. (1) State Support for medical staff salaries has been noncompetitive and has not been conducive to the type of recruiting capabilities that are necessary. This problem has been resolved as the salary level for department chairmen and associate department chairmen has been improved. A proposal is being developed for submission which would move these salaries to a higher range. (2) State support for basic and/or clinical research has been essentially nonexistent. The Missouri Revised Statutes 1959 state that the state cancer hospital shall be primarily and principally designed for the care and treatment of persons afflicted with cancer, such scientific research as

will promote the welfare of patients committed to its care and for the care of legal residents of Missouri only. To date state support for scientific research has not been available in an appreciable form.

Discussions have been held with the director of the Missouri Division of Health, the State Budget Office and the State Personnel Office which hopefully will lead to the creation and support of key research positions. (3) With the increase in medical staff salaries and the emphasis on state supported clinical research positions it is anticipated that a third area of concern can be addressed. This is the area of cooperative programs with the dental and medical schools, teaching hospitals, and nursing schools in our geographic area. The Cancer Research Center and Ellis Fischel State Cancer Hospital do have a number of affiliations with both state and private resources, but the need to develop further reciprocal arrangements is also evident. To date such arrangements have not been expended due to the overextension of professional staff which support from this grant should help alleviate. With the increase in medical staff salaries we anticipate more continuity than has been the case in past years and this continuity will assist in development of necessary reciprocal programs. Avoidance of unnecessary duplication and harmful competition is a priority overriding all center negotiations. Examples of our programs are represented by the success in the maxillofacial prosthetic rehabilitation department. Reciprocal arrangements are in force with the University of Missouri Dental School in Kansas City, the University of Missouri Medical Center in Columbia, and the Veterans Administration Hospital in Columbia. Also, these institutions participated in a site visit regarding the establishment of a Regional Maxillofacial Prosthetic Rehabilitation Center at CRC-EFSCH, supported the center's development and stated that avoidance

of competition and duplication were foremost in their considerations--the welfare of the Missouri cancer patient was the important issue.

The pathology department at Ellis Fischel State Cancer Hospital recently has formalized an arrangement with the University of Missouri Medical Center at Columbia. This arrangement will primarily benefit the medical student by providing exposure to the cancer hospital pathology department's operations and at the same time allows the EFSCH department chairman one week per month at the medical school for teaching purposes. These arrangements are only examples of the progress required over the next several years in the area of cooperative arrangements.

The center support grant will provide for development of an organizational structure which will support commonality of purposes and present the greatest potential for long-range achievement in Missouri. The structure proposed represents collaborative administration, programs, and services which can be more easily achieved through the center support grant than might otherwise be possible.

01 year implementation will solidify administrative support and promote planning capabilities essential to center programs. One of the key sections supported in the 01 year will be the office of program planning. This office will serve as a planning vehicle for the center as well as the Missouri State Cancer Control Program. It will have the authority to serve as center liaison with the National Cancer Institute, state health agencies and/or associations, and communities in promoting program development. Quite often small community hospitals, clinics, etc., do not

have adequate familiarity with available contracts and/or grants to develop needed programs. This staff can hopefully fill this gap and be of assistance to the center, the State Cancer Commission, and communities in development of needed cancer programs. Cooperation with the Missouri Division, Inc., American Cancer Society has to date identified outreach program needs. This planning unit will be an asset to the cancer society in this specific area.

It is proposed in the first six months of the 01 year that consultants will be utilized in the development of clinical pharmacology and immunology sections. Don Morton, M.D., U.C.L.A. and Murray Heimburg, M.D., University of Missouri Medical Center, have been contacted to assist in development of these sections. The two department heads, their associates and clerk-typists will be recruited to begin the second six months of the 01 year.

Space for this proposed activity is currently being completed in the new CRC laboratory building and the Missouri Division, Inc., American Cancer Society is reviewing a request for $27,000 to at least minimally equip laboratory space for these disciplines.

The 02 and 03 years will concentrate on development of grants in two areas which complement ongoing center activity. Plans for an immunology section and a clinical pharmacology section will be developed and the state will be approached over the period of the grant to insure suitable continuation of these two programs.

Ellis Fischel State Cancer Hospital and the Cancer Research Center represent a unique cancer resource which through this grant can initiate programs representing real needs in the region and which can be developed through the multiplicity of contacts available throughout Missouri.

Through this grant we will accomplish: (1) a common administrative core, (2) creation of a much needed planning section, and (3) through the aforementioned channels create an agreement with state government to support federal initiation of program plans in immunology and clinical pharmacology which would then continue to be supported by the State of Missouri.

PERIOD OF FUNDING REQUESTED AND AMOUNT

Three years: 01 year $350,117

02 year $453,177

03 year $456,086

Draft 10.1

June 18, 1974

Dr. Timothy Talbott, Director
The Institute for Cancer Research
7701 Burholme Avenue
Philadelphia, Pennsylvania 19111

Dear Dr. Talbott:

The National Cancer Institute, as you know, is about to redo its public information materials, and is planning a series of 17 pamphlets, one on cancer in general, and the rest on cancers of specific sites. We have responded to a Request for Proposal on this, and are among three organizations selected for final consideration for preparing these publications.

It is our concept that these pamphlets, while serving the immediate interest of answering inquiries from the public to the National Cancer Institute, should be designed to serve the same purpose for the cancer centers and institutes, since these centers have the same need to tell patients and their families about cancer and its manifestations in specific sites.

We also believe that this fits very well into the comprehensive plan of the Association of American Cancer Institutes, to achieve "cooperative action and common practice among cancer institutes." However, if each of these pamphlets is to achieve universality of acceptance among you, we would need the guidance of an Advisory Committee from the Association to review the final texts and medical art. Would the Association be willing to work with us on this?

The actual writing of the pamphlets would be done by a team of very good medical writers including for the general pamphlet on cancer, Marsha Slavin Corbett who, as Associate Editor of JAMA wrote many by-lined articles on cancer, and we have a specialist adviser for each site pamphlet who has agreed to assist us in that area. (See list enclosed.) But for final review we would rely on your AACI Committee. Enc.1

Because we feel that the patient and his family wants most to hear from a physician about cancer, we have tentatively titled the series "Cancer: The Doctor Answers Questions," "Cancer of the Breast: The Doctor Answers Questions," etc. The photographs on the cover would be of an anonymous doctor -- with compassion in his face and intelligence in his eyes -- taken in a variety of medical and scientific settings for the different pamphlets -- to project the feeling that there is an input of scientific research into what he says. The Foreword on the inside cover, signed by Dr. Rauscher, would relate the National Cancer Institute to the Association of American

Cancer Institutes (see sample attached), and there would be space on the back of each pamphlet for the imprint of an individual institute. Enc. 2

Good writers and illustrations are expensive, as is printing, but the unit cost goes down as quantities increase. On a print order for 500,000 copies, the unit cost for a pamphlet in four-color is roughly the same as it would be for 10,000 copies of a pamphlet in one or two colors. Whether NCI could be persuaded to give the centers a supply of the pamphlets, or whether the centers would be obliged to purchase them, the cost would be significantly less expensive if you were to "ride" the NCI's order, putting your own imprint on the back. I am attaching a pamphlet to recruit medical laboratory personnel which was produced by us for the National Committee for Careers in the Medical Laboratory at a unit price of 5¢ a copy -- after arranging for the American Cancer Society to "ride" the order, bringing the printing up to 250,000 copies. Enc. 3

People who ask about cancer deserve to receive fullest information, so we believe that every site inquiry should be answered not only with the pamphlet for that specific site but also the general pamphlet, and some information about the National Cancer Institute's program and the cancer centers and institutes. To accomplish this neatly, we have designed the general pamphlet with flaps inside the covers to hold the site pamphlet requested, in the front, and in the back, a folder about the NCI and the cancer centers and institutes. For display in waiting rooms or use on library shelves we have also designed a fiberboard stand-up holder for all the pamphlets. Dummies of these accompany this letter.

We hope that AACI will find this proposal acceptable and useful, and would appreciate hearing from you in the near future as to your reaction.

Sincerely yours,

Dallas Johnson

IS/lcm
enc.

For Cancer Pamphlet

INSIDE FRONT COVER

A. Almost every week there are new findings and developments in the research and control of cancer. To build a bridge between them, and bring the results to you -- the public, more quickly, Congress authorized the National Cancer Institute to support a cancer centers program throughout the country, strengthening existing cancer institutes and developing new ones so that doctors and their patients won't have to go very far to get help if they need it. To answer your questions about cancer, a committee of outstanding physicians from these cancer institutes and centers, as well as a panel of specialists on cancer of specific sites, has provided the information in this booklet.

Signed by Rauscher

Produced by the National Cancer Institute with the cooperation of the Association of American Cancer Institutes

* * * * * *

B. about cancer, a committee of medical scientists from the Association of American Cancer Institutes, as well as a panel of specialists on cancer of specific sites, has provided the information in this booklet.

Signed by Rauscher

* * * * * *

C. about cancer, a committee of outstanding physicians from the Association of American Cancer Institutes, as well as a panel of specialists on cancer of specific sites, has provided the information in this booklet.

Signed by Rauscher

MEDICAL AND SCIENTIFIC ADVISERS AND CONSULTANTS

Developmental Advisory Committee

M.D. Anderson Hospital and Tumor Institute, Houston
Memorial Sloan-Kettering Cancer Center, New York
and
The University of Alabama at Birmingham, Alabama, or
Duke University Medical Center, Durham, North Carolina

Consultants

Russell Cumley, Ph.D., Executive Editor of the "Cancer Bulletin" for editorial evaluation and resource information

E. Cuyler Hammond, Sc.D., Vice President of the American Cancer Society, for epidemiology and statistics

Panel of Specialists

1) Cancer in general

Calvin T. Klopp, M.D., director of the clinic and professor of surgery, George Washington University School of Medicine, Washington, D.C.

2) Cancer of the Bone and Connective Tissue

Charles F. Geschickter, M.D., research professor of pathology, Georgetown University School of Medicine, Washington, D.C.

3) Cancer of the Central Nervous System (including brain and spinal cord)

James Arnold, M.D., professor and head, division of neurological surgery, University of Maryland Hospital, Baltimore, Maryland

4) Cancer of the Eye

Charles Iliff, M.D., professor of ophthalmology, Johns Hopkins University School of Medicine and The Wilmer Institute, Baltimore, Maryland

5) Cancer of the Head and Neck (mouth, nose, pharynx, larynx, salivary gland)

John F. Potter, M.D., professor of surgery and chief, division of surgical oncology, Georgetown University School of Medicine, Washington, D.C.

6) Cancer of the Breast

Edward Lewison, M.D., associate professor of surgery
Johns Hopkins University School of Medicine and chief-emeritus of breast clinic, Johns Hopkins University Hospital

7) Cancer of the Esophagus and Stomach

Jonathan E. Rhoads, M.D., professor and chairman-emeritus of surgery, University of Pennsylvania School of Medicine, Philadelphia

8) Cancer of the Colon and Rectum

William Shingleton, M.D., professor of surgery and director, Comprehensive Cancer Center, Duke University Medical Center, Durham, North Carolina

9) Cancer of the Lung (including bronchus)

Peter Conrad, M.D., associate professor of surgery,
Georgetown University School of Medicine, Washington, D.C.

10) Cancer of the Thyroid and Other Endocrine Glands

Roy Hertz, M.D., Ph.D., research professor of pharmacology, obstetrics and gynecology, George Washington University School of Medicine

11) Cancer of the Urinary Organs (kidney, bladder, ureter)

George Prout, M.D., chief of urology, Massachusetts General Hospital, and professor of surgery, Harvard Medical School, Boston

12) Cancer of Female Reproductive Organs

J. Donald Woodruff, M.D., professor of gynecology and obstetrics and associate professor of pathology, Johns Hopkins School of Medicine

13) Cancer of Male Reproductive Organs

William Scott, M.D., professor and chairman, department of urology, Johns Hopkins Hospital and Brady Urological Institute, Baltimore, Maryland

14) Cancer of the Skin

Edmund W. Klein, M.D., cnief, department of dermatology,
Roswell Park Memorial Institute, Buffalo, New York

15) Cancer of the Liver, Gall Bladder and Pancreas

Robert Coffee, M.D., professor of surgery,
Georgetown University School of Medicine, Washington, D.C.

16) Leukemias and Lymphomas

17) Childhood Leukemias and Cancers

Audrey E. Evans, M.D., director of oncology
Children's Hospital, Philadelphia

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PAST AND PRESENT EXPERIENCE

Professional Press Relations and Science Writing

Press rooms, news conferences, releases, arranging photographic and media coverage for medical and professional organizations (e.g. American Association of Pathologists and Bacteriologists, American Association of Neurological Surgeons, American Home Economics Association, College of American Pathologists, International Cancer Congress)

Science, health, education and welfare features and news stories for lay and professional publications

Information programs on medical research and patient care

Promotional program for "Year of Pathology"

Writing and Editing Newsletters

Cardiology, Newsletter of American College of Cardiology

Comprehensive Health Center News, published for staff of centers by the Office of Economic Opportunity

GIST, recruitment-education quarterly on medical laboratory field, with circulation of more than 15,000

Pathology Daily News, six issues published daily during annual meetings of American Society of Clinical Pathologists and College of American Pathologists

Comparative Pathology Bulletin, produced for the Registry of Comparative Pathology of the Armed Forces Institute of Pathology

Medical Center News, for Doctors Hospital

Analyzing Government Activities

Clinical Laboratory Newsletter, monthly report published for American Society of Clinical Pathologists Board of Directors on current legislation, governmental regulations, reorganization of government agencies

Monthly column, Microscope on Washington, for national professional publication

Testimony prepared for expert witnesses before Congressional Committees; close contacts with legislative committees, Congress, government officials

Special analysis of National Health Insurance proposals for Miami-Dade Junior College

Brochures, Reports, Educational Materials

"Guide for Instructors"-manual on teaching techniques

Public Affairs Pamphlets: "Facing The Facts About Cancer"; "Right From the Start: The Importance of Early Immunization"; "Keeping Your Teeth Healthy"

"What Kind of Career Could I Have in the Medical Laboratory" - 16-page brochure with four-color illustrations (over 300,000 printed)

"Pathology: The Science of Disease," four-color illustrated pamphlet for students, medical schools

"So you're going to have a laboratory test?" - informative leaflet for patients in clinical laboratories

"Family Day Care for Your Child" - leaflets for Montgomery County Department of Social Services

"Curriculum Guides for Retraining" - for use in refresher programs for women returning to work

"A Suggested Guide for a Training Program: Medical Laboratory Assistant"

"Equivalency and Proficiency Testing Related to the Medical Laboratory Field"

"Manual of Cytotechnology" - illustrated text with color plates

Producing Audiovisual Materials

Award winning educational and recruitment films, including In a Medical Laboratory; The Human Cell and the Cytotechnologist; Cytology: Parts I and II

Headed for Trouble, open-ended film for police on treatment of juvenile delinquents

Tell Me Where to Turn, discussion film on information and referral services

Listen, Look and Learn series of 72 self-teaching taped lectures with more than 600 slides distributed in loose-leaf volumes covering seven basic areas of laboratory practice

Exhibits for meetings of science educators, guidance counselors, hospital administrators

Instructional films on cytopreparatory techniques

Motivational Communications

Development and utilization of a program guide, Public Affairs Pamphlet and film, Tell Me Where to Turn, to motivate communities to establish or strengthen information and referral services

Guidelines for Drug Abuse Education, with pilot conference of educators, selection of pertinent readings, followup regional meetings for teachers, and publication by National Institute of Mental Health of Resource Book for Drug Abuse Education, How to Plan a Drug Abuse Education Workshop for Teachers

Program developed with vocational rehabilitation counselors including brochure on Breaking Down the Barriers, and regional workshops to show specific ways handicapped men and women could find rewarding careers in medical laboratory; HEW Social and Rehabilitation Service Brief on Final Report of project sent to all state and regional VRs

Conducting Conferences, Editing Proceedings

National Conference on Manpower for the Medical Laboratory, preparing Resource Book with background data, providing staff members as recorders of group discussions, publishing Summary Report and full Proceedings, with followup activities to respond to conference recommendations

Discussion guidelines, background resource book for "think" session of top leadership of American Society of Clinical Pathologists to assess future role and activities of the Society

Conference of junior college educators and laboratory supervisors to develop curriculum patterns and guidelines for new intermediate level medical laboratory technician

Developing Career Recruitment Programs

Career brochures, fact sheets, flyers, posters, educational directories, exhibits

Demonstration projects to open up career opportunities for the physically and mentally disabled, veterans, older women

Cooperation with educational institutions, health career councils, state-wide professional groups, science fairs, guidance associations

Minority Recruitment and Training

Field projects to promote career mobility for minorities, educationally disadvantaged

Project to recruit and train American Indians in Arizona and to upgrade those already working in Indian Health Service hospitals

Pilot program for disadvantaged youth to train as laboratory assistants in Washington, D.C.

Developing Educational Programs

Demonstration projects to strengthen education programs and promote scholarship opportunities

Organization and operation of Training Institutes for educators and laboratory coordinators

Establishment and coordination of continuing education in-service training programs

Development of concept and curriculum for Associate Degree Medical Laboratory Technician programs

Locating and aiding inactive medical technologists interested in returning to work and laboratories willing to provide retraining programs

Studying Manpower Utilization

Feasibility study of proficiency and equivalency examinations in health field

Proficiency examinations, developed with Education Testing Service, to help allied health workers without formal credentials move up the career ladder

Task Analysis to ascertain key tasks performed in laboratory as the basis for determining future educational needs

Statistical surveys and studies on salaries, utilization, working life of medical laboratory workers

Research studies on correlation of education and test ratings to job performance

Studying Fair Employment Practices

In-depth studies of fair employment practices regulations as applied to clinical laboratories

Participation in workshops on affirmative action

Preparation of article in MLO - Medical Laboratory Observer on Fair Employment Practices Laws: Are Your Policies Above Reproach?

Directories

"Directory of Pathology Training Programs," published annually as the only source of residency training in U.S. and Canada

"A Directory of Credit-Granting Policies in Medical Laboratory Education"

"Directory of Educational Opportunities in Comparative Pathology"

BACKGROUND OF PROFESSIONAL STAFF

Dallas Johnson: Has developed and administered major information programs for professional as well as lay audiences, directing national recruitment and education projects involving the production of films, audio tapes and slides, pamphlets, flyers, posters, exhibits, newsletters, and press releases. For the past twenty years has worked primarily in the areas of science, health, and social welfare. She served as Executive Secretary of the National Committee for Careers in the Medical Laboratory (1954-1973); Education Director of Public Affairs Committee (1950-1953); Director of Information at the National Cancer Institute (1946-1949); head of women's publications for the U.S. War Bond Drive (1941-1944); Director of Publications for the Institute for Consumer Education in Columbia, Missouri (1938-1940); feature writer on the *New York Times* (1936-1938), and reporter for the *San Francisco Examiner* (1933-1935). Author of many articles, Public Affairs Pamphlets such as "Facing the Facts About Cancer," "Facts and Tips for Servicemen," "Chain Stores Pro and Con." Member, National Press Club, National Association of Science Writers. B.A., Occidental College; M.S., Columbia Graduate School of Journalism.

Judy Graves: As Information Counsel since 1965 for the Intersociety Committee on Pathology Information, works continuously with leaders of the five national pathology societies that sponsor the committee. To this end, she reviews in advance scientific and medical content of five national pathology meetings, calls items of interest to the attention of science press and conducts press rooms for four of the meetings. Edits and publishes the committee's annual *Directory of Pathology Training Programs* as a recruitment project; wrote and produced its career pamphlet, *Pathology, the Science of Disease* in 1971 (100,000 copies printed, 85,000 distributed). Coordinating editor of *The Future of Medical Education,* book by leading medical educators published by Duke University Press. Author of several Public Affairs Pamphlets and film discussion guides on health subjects such as infant immunization ("Right from the Start") and "Keeping Your Teeth Healthy." Editor and writer for periodicals, including the *New Jersey Educational Review* (1939-1940); *Minute Man,* bi-weekly news magazine for 50,000 U.S. War Savings Division volunteers (1942-1944); *Cancer Control Letter* of the National Cancer Institute (1948-1949); *Pathfinder Magazine* (1937-1939); *The Literary Digest* (1936-1937), and the *Charleston Daily Mail* (reporter, 1934-1935). A.B., University of West Virginia; M.S., Columbia Graduate School of Journalism.

Margo Davis: Developed and administered two series of 2 1/2-day regional training institutes -- 20 for the American Society of Clinical Pathologists, each involving four workshops for 100 laboratory personnel in hematology, blood banking, microbiology and clinical chemistry (1971-1972); six for the National Committee for Careers in the Medical Laboratory and the American Association of Community/Junior Colleges (1972-1973) for 360 college and clinical laboratory instructors. Editor and writer of "How to Plan a Drug Abuse Education Workshop for Teachers" and "Guidelines and Selected References for Drug Abuse Education" for the National Institute of Mental Health (1969-1970); edited "Population Crisis" for Socio-Dynamics Corporation, 1970; prepared and edited "Curriculum Guides for Retraining in Medical Technology"

for the Bureau of Health Manpower of the U.S. Public Health Service (1967). Has managed pressrooms for such organizations as the American Association of Pathologists and Bacteriologists, American Association of Neurological Surgeons, American Institute of Veterinary Medicine, American Home Economics Association; editor for the Future Homemakers of America (1948-1951); information specialist for government agencies (1942-1945); reporter for *Collier's* magazine (1945-1948); editor Dell Publishing Company (1940-1942); B.A., Smith College.

Eileen Lavine: Writer and editor specializing in medical, scientific, education, welfare and community service areas. Editor *GIST*, illustrated newsletter on education and recruitment in the medical laboratory field (1962-1973); editor *Pathology Daily News* published during annual meetings of American Society of Clinical Pathologists and College of American Pathologists (1962-Present), editor, *Better Times*, weekly newspaper covering all welfare and health activities and services in New York City (1955-1959); free-lance work on articles, features, research studies and brochures in New York, Paris, Washington and Los Angeles since 1950. Member, National Association of Science Writers. *New York Times* Promotion Department (1948-1950); reporter and assistant Sunday editor New Bedford (Massachusetts) *Standard-Times* (1946-1948). B.A., University of Wisconsin; M.S., Columbia Graduate School of Journalism.

Ritts Kenworthy: Project manager and coordinating editor for "Listen, Look and Learn" audiovisual study units for the medical laboratory produced under a contract with the U.S. Department of Labor. The series consists of 72 taped lectures with printed texts and diagrams and 630 kodachromes which can be used for self-study or classroom instruction (1970-1974). Research director and coordinator to recruit and train handicapped for medical laboratories, funded by the Social and Rehabilitation Service of HEW (1965-1969). Research, editing and administrative assignments for the Johns Hopkins School for Advanced International Studies and U.S. Department of State (1962-1963). Prior to this, information assistant for the United Nations Relief and Rehabilitation Administration and graduate teaching assistant in the Department of English, University of Illinois and Indiana University. A.B., Oberlin College.

LaVerne Holt: Project coordinator for production of cytopreparatory technique films at Johns Hopkins University and to strengthen educational programs for cytotechnologists under American Cancer Society grants (1971-Present); coordinator of a Task Analysis Project funded by the Carnegie Corporation, editor of report "Forecast of Skill and Competence Requirements for the Medical Laboratory," National Committee for Careers in the Medical Laboratory (1972). Writer, editor on a Drug Abuse Education project for teachers, funded by the National Institute of Mental Health (1968-1969). Coordinator, Laboratory Assistant Field Project and editor, "Medical Laboratory Assistant Teacher Education Institute" (1966-1969); staff associate for programs, National Federation of Business and Professional Women's Clubs (1964-1966). Also, public relations director for mental health agencies and voluntary community organizations; information assistant, U.S. Maritime Commission (1943-1946). Bachelor's degrees in Journalism, Education, University of Texas.

April 1974

Jean D. Linehan: Manager, Proficiency Examinations Project, with Educational Testing Service, a 3 1/2-year Labor Department-funded demonstration project to prepare and demonstrate utilization of proficiency examinations to enable non-credentialed laboratory workers to upgrade themselves by showing their job-related competencies (1970-1974). Free lance research, writing and editing for educational organizations (1961-1969). Developed training programs for editors of alumni publications and coordinated conferences as assistant director and editor, American Alumni Council (1951-1961). B.A., Swarthmore College (Phi Beta Kappa).

Margaret Pendleton: Writer and editor of newsletters, brochures, manuals and special articles, Information Services (1968-Present). Editorial coordinator for *Comparative Pathology Bulletin; A Handbook: Animal Models of Human Disease; A Manual of Cytotechnology* (1973-1974). Residence in Middle East (1956-1966). Writer of national news, *Reporter* magazine (1947-1949); reporter, national news desk, *Life* magazine (1944-1947); director, Interdisciplinary Audiovisual Center, Vassar College (1941-1943); writer, *The New York Times* (1938-1940). A.B., Vassar College.

Helen Daniel: Project manager, medical laboratory training program for American Indians under a national Department of Labor contract (1973-Present). Research assistant, development of medical laboratory training programs for disadvantaged groups, National Committee for Careers in the Medical Laboratory (1971-1973). Program consultant to local community action agency -- developed allied health training programs, community and economic development projects. Program developer, United Planning Organization, Washington, D.C. (1967-1969). Program analyst, Foreign Agricultural Service, U.S. Department of Agriculture (1966-1967). Short-term assignments have included coordinator, writer on a Telecommunications Study for Howard University; editor, writer, Development Associates; manager, professional dance company; information system design work for the Federation for Experienced Americans. B.A., American University; M.A., University of Washington.

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have years of experience in medical, welfare, education, hospital, mental health, civil liberties, community service, economic opportunity, and related fields.

We have worked for executive and legislative government agencies, on news papers and magazines, in television and radio, in research projects, on films.

We have arranged press coverage for national, state, and local groups ... conducted recruitment and information programs ... prepared and promoted publications ... conducted projects on laboratory careers for the disabled and to bring the retired back to work ... developed extensive magazine, newspaper, TV and radio contacts both general and professional.

Some groups and which we have served are:
American Cancer Society
American Society of Clinical Pathologists
Department of Labor
Doctors Hospital, Washington, D.C.
Information Committee on Paramedical Education
National Committee for Careers
in Medical Technology
National Institute of Mental Health
Office of Economic Opportunity
Public Affairs Committee
Public Health Service
U.S. Office of Education

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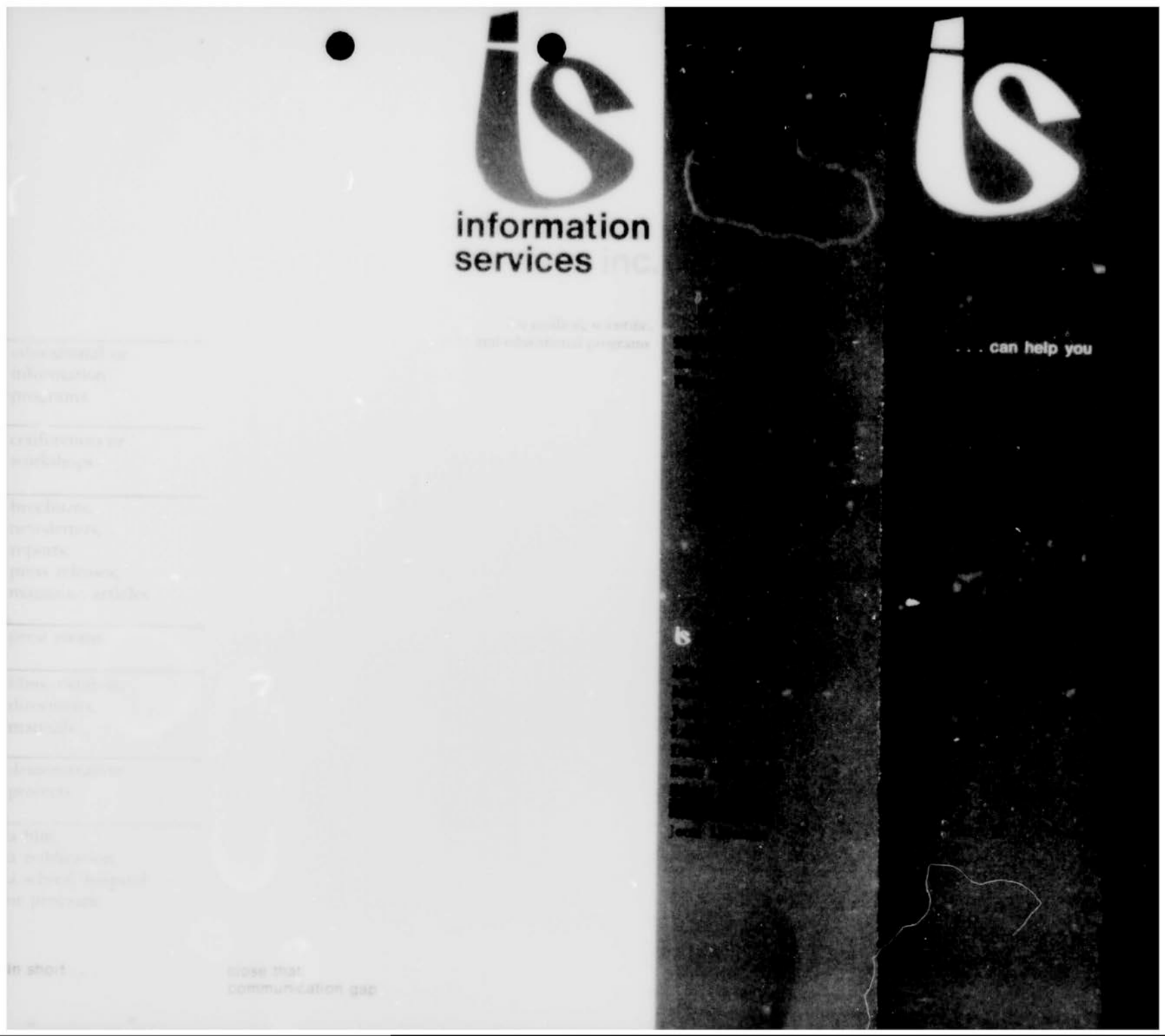
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federal research report

The Federal Research Group — Washington, D.C. and Chicago

VOL. 11-2 — MAY 31, 1974

R & D Briefs

Energy

FEO RFP — The Federal Energy Office (FEO) has issued a RFP for a study of energy conservation potential in the steel industry.

NOTE: Limited copies of RFP are available. A pre-proposal conference will be held 6/3/74 at the Federal Energy Office (address below).

REQUESTS FOR FURTHER INFORMATION AND COPY OF RFP SHOULD BE IN WRITING TO: ATTENTION: T. CANNING, JR., FEDERAL ENERGY OFFICE, PROCUREMENT DIVISION, ROOM 8435, 12th AND PENNSYLVANIA AVENUE, N.W., WASHINGTON, D. C. 20461. REFERENCE: RFP 1874. PROPOSAL DUE: 6/17/74.

Medical/Health

NCI RESEARCH PROJECT — The National Cancer Institute (NCI) is seeking sources capable of establishing a breeding facility for the old world monkey (erythrocebus patas) and administering a chemical carcinogen to pregnant animals at specifically defined times during gestation. (The agent will be administered to non-pregnant animals also.) The purpose of the project is to observe the effect on offspring exposed to this chemical agent during fetal life. Applicants must have demonstrated expertise in animal care and have available the necessary facilities and equipment.

FOR FURTHER INFORMATION AND COPY OF RFP WRITE: ATTENTION: S. W. RANTA, RESEARCH CONTRACTS BRANCH, CARCINOGENESIS CONTRACTS SECTION, NATIONAL CANCER INSTITUTE, LANDOW BUILDING, ROOM C-425, BETHESDA, MARYLAND 20014. REFERENCE: RFP NOI CP C 55316-68. PROPOSAL DUE: 6/17/74.

NCI RFP — The National Cancer Institute (NCI) has issued a RFP to determine the efficacy of a number of therapeutic approaches by conducting studies of intensive multi-disciplinary therapy for patients with malignant gliomas and other types of intracranial tumors. The study will cover: possible intrarelations to morphologic type, extent and clinical stage of disease; changes in roentgenographic findings; alterations in nuclear imaging and pharmacotoxicology of selected agents in certain cases. Contractor will be required to have available 35 recently operated on and evaluable patients with microscopically confirmed diagnoses of malignant glioma. Patients are to be treated 3 to 4 weeks after surgery in accordance with the current protocol.

NOTE: Limited copies of RFP are available.

FOR FURTHER INFORMATION AND COPY OF RFP CONTACT: ATTENTION: MICHAEL M. DEL COLLE, CANCER TREATMENT CONTRACTS SECTION, RESEARCH CONTRACTS BRANCH, OFFICE OF THE DIRECTOR, BLAIR BUILDING, ROOM 632, 9000 ROCKVILLE PIKE, BETHESDA, MARYLAND 20014. TELEPHONE: 301/427-7466. REFERENCE: RFP NCI-CM-53752-18. PROPOSAL DUE: 7/8/74.

General

DOL AUDIT OF MANPOWER ADMINISTRATION CONTRACTORS' RECORDS — The United States Department of Labor (DOL) will award contracts for on-site audits of Manpower Administration contractors' records in Colorado, Utah, Wyoming, Montana, North Dakota and South Dakota. Contracts to be audited include: Public Employment Program Projects, Neighborhood Youth Corps Projects, Concentrated Employment Programs, Operation Mainstream Projects, On-the-Job Training Programs, Job Opportunities in the Business

Sector, Public Service Careers Programs, Job Corps Projects and Cooperative Area Manpower Planning Systems.
NOTE: Limited copies of RFP are available.
FOR FURTHER INFORMATION AND COPY OF RFP CONTACT: UNITED STATES DEPARTMENT OF LABOR, REGIONAL ADMINISTRATION OFFICE, 15412 FEDERAL BUILDING, 1961 STOUT STREET, DENVER, COLORADO 80202. TELEPHONE: 303/837-2218. REFERENCE: RFP 8-74-01. PROPOSAL DUE: 6/14/74.

ACLS AIDS TO INDIVIDUAL SCHOLARS

The American Council of Learned Societies (ACLS) supports several grants and fellowships programs designed to advance research in the fields of philosophy; aesthetics; philology, languages, literature and linguistics; archaeology; art history and musicology; history; cultural anthropology and folklore. ACLS will also consider proposals with a humanistic emphasis in economics, geography, political science, psychology, sociology and the natural sciences. NOTE: For all programs except Grants for Study of East European Languages, applicants are required to have a doctorate or equivalent as of the deadline date. For all programs except Research Fellowships in American Studies for Foreign Scholars, applicants are required to be citizens or permanent residents of the United States or Canada. Awards are not restricted to members of academic faculties. Requests for application forms should include applicant's age, highest academic degree held and date received, citizenship or permanent residence, academic or other position, field of specialization, proposed subject of research or study, period of time for which support is requested and the specific award program application is directed to. Applications should be made for one program only. Brief descriptions of ACLS programs are given below:

1) Fellowships: This program is designed to provide opportunities for scholars to engage in research in the fields listed above. Awards (not to exceed $12,000) are to be used within one and one-half years (beginning on July 1st) after notification of the award and are intended primarily to support full-time research. Applicants must be able to spend a minimum of 6 continuous months (with a maximum of 12 continuous months) on full-time research work. Applicants will be asked for a definite period for research between 7/1/75 and 12/31/76. NOTE: Applicants must not be more than 50 years of age at the application deadline date.
DEADLINE FOR REQUESTS FOR APPLICATION FORMS: 10/9/74. DEADLINE FOR RECEIPT OF APPLICATIONS: 10/15/74. AWARDS WILL BE ANNOUNCED WITHIN 4 MONTHS AFTER DEADLINE DATE.

2) Study Fellowships: This program is designed to assist scholars in the humanities to study disciplines other than their present specialization under appropriate senior professors at American institutions (uniquely appropriate foreign institutions may be accepted). Social and natural scientists who wish to study a humanistic discipline are also eligible. NOTE: Fellowships may not be used for basic research. Requests for application forms should include information on applicant's scholarly achievement as evidenced by publications, the appropriateness of the selected place of study and the use applicant will make of the studied discipline or methodology in applicant's current field of specialization. Study fellowships will not exceed $12,000. Study fellows must devote a minimum of 6 continuous months (with a maximum of 12 months) to full-time research and study. Applicants will be asked for a definite period of study between 7/1/75 and 12/31/76. NOTE: Applicants are expected to have 2 or 3 years of teaching experience since acquiring a doctorate.
DEADLINE FOR RECEIPT OF APPLICATIONS: 11/1/74. AWARDS WILL BE ANNOUNCED WITHIN 4 MONTHS AFTER DEADLINE DATE.

3) Grants-in-Aid: ACLS's Grants-in-Aid Program is designed to support significant humanistic research. Grants are to be expended within 1 year after acceptance and are to be used exclusively to advance specific programs of research already in progress by contributing to the scholar's essential personal expenses during the time devoted to research. Awards will not exceed $2,500.
DEADLINES FOR RECEIPT OF APPLICATIONS: 9/30/74 AND 2/15/75. AWARDS WILL BE ANNOUNCED WITHIN 3 MONTHS AFTER RESPECTIVE DEADLINE DATES.

4) Travel Grants to International Congresses and Conferences Abroad: ACLS, through its constituent societies, awards travel grants covering air fare to international scholarly congresses

and conferences held outside the United States, Canada and Mexico. Eligible applicants include only those persons who are to read papers or take some active official part in the meeting. NOTE: ACLS awards travel grants on the basis of recommendations from its constituent societies. Applicants should contact the secretary of the specific society for further information and application forms (list of societies may be obtained from ACLS at address given below). Requests for forms should include the name, place and dates of the meeting.
DEADLINE FOR RECEIPT OF APPLICATIONS: OCTOBER-JANUARY MEETINGS -- 6/15/74; FEBRUARY-MAY MEETINGS -- 10/15/74; JUNE-SEPTEMBER MEETINGS -- 2/15/75. AWARDS WILL BE ANNOUNCED 6 TO 8 WEEKS AFTER DEADLINE DATES.

5) Research Fellowships in American Studies for Foreign Scholars: ACLS, under a grant from the Ford Foundation, offers a program designed to assist foreign university faculty members (not over 45 years of age) in undertaking advanced research in the United States for a minimum of one academic year. Currently the program is restricted to citizens of Europe, Japan, Australia, New Zealand and Taiwan.
DEADLINE FOR RECEIPT OF APPLICATIONS: JAPAN, AUSTRALIA, NEW ZEALAND AND TAIWAN -- 7/1/74; EUROPE -- 12/1/74.

ACLS also administers programs supporting post-doctoral research on foreign areas. Area specialists, scholars intending to specialize in such studies and scholars engaged in comparative research dealing with more than one area of the world are eligible. Brief descriptions of these programs follow:

1) Grants for Research on Chinese Civilization: These grants cover: a) research related domestic or foreign travel, research assistance and maintenance for short periods of time, or b) at least 6 months of uninterrupted research. Awards generally do not exceed $12,000. Applicants under 50 years of age with no substantial research support during the previous 5 years will be given preference.
NOTE: Proposals concentrating on post-1910 China should be submitted to the Social Science Research Council (address below).
DEADLINE FOR RECEIPT OF APPLICATIONS: 12/2/74. AWARDS WILL BE ANNOUNCED WITHIN 3 MONTHS AFTER DEADLINE DATE.

2) Grants for Research on South Asia (sponsored jointly by ACLS and SSRC): These grants offer support for scholarly research related to Bangladesh, India, Nepal, Pakistan and Sri Lanka. Preference will be given to proposals concerned with the process of social change and development in contemporary Asian society. These grants may cover travel, analysis of data, research expenses and maintenance for short periods of time. They may also be awarded to supplement sabbatical salaries (to intensify or extend contemplated research) or to support at least 6 months of uninterrupted research. Awards will not exceed $10,000.
DEADLINE FOR RECEIPT OF APPLICATIONS: 12/2/74. AWARDS WILL BE ANNOUNCED WITHIN 3 MONTHS AFTER DEADLINE DATE.

3) Grants for Soviet Studies: Preference will be given to applications which: a) bring the insights of sociology, social psychology, cultural anthropology, economics, geography and law to Soviet studies; and b) concern problems in Soviet studies with cross disciplinary boundaries or which can profit from methodological advances in the social sciences. These grants cover travel, research expenses, maintenance in lieu of salary and/or at least 6 months of uninterrupted research. Awards will not exceed $8,500.
DEADLINE FOR RECEIPT OF APPLICATIONS: 12/31/74. AWARDS WILL BE ANNOUNCED WITHIN 3 MONTHS AFTER DEADLINE DATE.

4) Programs in East European Studies: These grants cover four support areas and are available for research in the social sciences or humanities relating to Albania, Bulgaria, Czechoslovakia, Hungary, Poland, Romania, Yugoslavia, East Germany (since 1945) and modern Greece.

a) Grants for Post-Doctoral Research support research on East European cultures and populations and have a $10,000 maximum award.
DEADLINE FOR RECEIPT OF APPLICATIONS: 12/31/74. AWARDS WILL BE ANNOUNCED WITHIN 3 MONTHS AFTER DEADLINE DATE.

b) Grants for Study of East European Languages support study of the languages spoken in the above listed countries and cover summer study abroad or enrollment in intensive language courses in the United States. The purpose of these grants is to give the scholar an opportunity to gain a degree of competence in a specific language for research and teaching purposes. Eligible applicants include: i) faculty member with Ph.D., or ii) graduate student with at least one year of graduate work, a commitment to advanced study in the humanities or social sciences and an endorsement from applicant's major professor. Grants range from $300 to $1,000.

DEADLINE FOR REQUEST FOR APPLICATIONS: 1/25/75. DEADLINE FOR RECEIPT OF APPLICATIONS: 2/3/75. AWARDS WILL BE ANNOUNCED WITHIN 2 MONTHS AFTER DEADLINE DATE.

c) Travel Grants to International Conferences Abroad cover travel expenses for persons who are to read papers or take some active official part in the meeting.

DEADLINE FOR RECEIPT OF APPLICATIONS (IF POSSIBLE): 2/15/75.

d) Grants in Support of Conferences range from $2,000 to $5,000 and are awarded to meet the costs of conferences held in the United States and Canada for the advancement of research in the East European field. Applicant is required to furnish the following: i) name, place and dates of the conference; ii) purpose and theme of the conference; iii) list of the titles and authors of papers to be given; and iv) breakdown of the total budget.

DEADLINE FOR RECEIPT OF APPLICATIONS (IF POSSIBLE): 2/15/75.

ALL REQUESTS FOR FURTHER INFORMATION AND APPLICATION FORMS FOR THE ABOVE PROGRAMS SHOULD BE DIRECTED TO: OFFICE OF FELLOWSHIPS AND GRANTS, AMERICAN COUNCIL OF LEARNED SOCIETIES, 345 EAST 46th STREET, NEW YORK, NEW YORK 10017.

The Social Science Research Council (SSRC) administers programs for post-doctoral research in the social sciences and humanities under the auspices of joint committees of the ACLS and the SSRC. The programs support studies on: Africa, Contemporary and Republican China, Japan, Korea, Latin America and the Caribbean (post-1830) and the Near and Middle East (since the beginning of Islam). Pre-doctoral fellowships for training and research in the social sciences and humanities related to the above mentioned countries and to East, South and Southeast Asia and Western Europe are also available.

NOTE: Specific deadlines on these programs will be made available by SSRC by September, 1974.

FOR FURTHER INFORMATION CONTACT: OFFICE OF FELLOWSHIPS AND GRANTS, SOCIAL SCIENCE RESEARCH COUNCIL, 605 THIRD AVENUE, NEW YORK, NEW YORK 10016.

HUD INVESTIGATION OF INHIBITIVE SUBSTANCES

The Department of Housing and Urban Development (HUD) is interested in investigating the effectiveness of coatings or paints designed to inhibit children from eating or biting on lead-bearing paints. Interested parties are invited to submit detailed descriptions of products currently available for testing and evaluation. After HUD has determined a substance to be potentially helpful in controlling the ingestion of lead-bearing paints, the National Bureau of Standards (NBS) will evaluate the substance to determine the suitability of the ingredients and the serviceability of the product as a coating. A qualified board of medical experts will also test any submitted substances. Substances will be considered if: 1) the aversive ingredient has a repugnance at least comparable to that of commonly used alcohol denaturants (i.e., brucine, denatonium benzoate, quinine and sucrose octaacetate); 2) acute toxicity data for the aversive component is provided; and 3) the substance is not toxic if ingested.

NOTE: This is not a RFP. This solicitation is for informational and planning purposes only (and for possible certification for use).

REQUESTS FOR FURTHER INFORMATION AND DESCRIPTIONS OF SUBSTANCES SHOULD BE SENT TO: ATTENTION: D. ENGEL, DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT, CONTRACTS DIVISION, RESEARCH BRANCH (ASA-1-C), 451 SEVENTH STREET, S.W., ROOM 4120, WASHINGTON, D. C. 20410. TELEPHONE: 202/755-5361. DESCRIPTIONS MUST BE RECEIVED BY: 6/30/74. (A SECOND INVITATION FOR SUBMISSION OF PRODUCT DESCRIPTIONS WILL BE MADE IN NOVEMBER, 1974.)

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PULL OUT AND RETURN

Community and Junior College Corner . . . . . edited by John Morrow

EDITOR'S COMMENTS

The purpose of the "Corner" is not only to provide information relative to current government sources of funding but also to project, from recently enacted legislation, new programs for which subscribers will be eligible to participate when regulations, guidelines and applications are officially prepared and released by the administering agency. Providing information on grant related programs from newly enacted legislation prior to the official government announcement in the Federal Register allows additional time for subscribers to plan their projects and develop their proposals. Also, by identifying the government program staff assigned to the grant related activities that evolve from the legislation and providing telephone numbers and mailing addresses, interested subscribers may request, at an early date, to be placed on the mailing list of the administering agency for future information relative to the grant programs. FEDERAL RESEARCH REPORT will, of course, announce the availability of applications and program guidelines when these materials are ready for distribution.

Information provided by the "Corner" is verified for accuracy and reliability through interviews with appropriate government staff representing the administering agency before such information is published in FRR. Since the "Corner" was launched in December, 1973, we have provided preliminary information on grant programs included in the Rehabilitation Act of 1973, the Older American Comprehensive Amendments of 1973 and the Child Abuse Prevention and Treatment Act of 1974. We hope that this information has given you a head start in planning projects related to the needs of the communities served by your institutions.

COMMUNITY COLLEGE UNIT OF USOE

Community college federal relations personnel should make a special effort to develop contact with the Community College Unit of the United States Office of Education (established under PL-92-318, the Education Amendments of 1972, but in operation for less than one year). Operating within the Bureau of Post-Secondary Education, the Community College Unit is responsible for coordinating all programs administered by the USOE which affect or can benefit community colleges, coordinates activities with other government agencies that affect community college programs and serves as a focal point for liaison with community colleges. Dr. Marie Y. Martin, Director of the Community College Unit, has designated a Program Officer in each USOE Regional Office to maintain a communications link with community college personnel in their respective regions.

FOR ADDITIONAL INFORMATION WRITE: COMMUNITY COLLEGE UNIT, BUREAU OF POST-SECONDARY EDUCATION, UNITED STATES OFFICE OF EDUCATION, 7th AND D STREETS, S.W., ROOM 4931, WASHINGTON, D. C. 20202.

BOAE OCCUPATIONAL PLANNING UNIT

Community college personnel also need to be appraised of the recently established Occupational Planning Unit of the Bureau of Occupational and Adult Education. This unit, authorized under Part C, Title X of PL-92-318, will be responsible for assisting community colleges and other post-secondary institutions that emphasize career, vocational/technical training to plan and organize comprehensive programs in occupational education. To accomplish the goals of the Unit, the Divisions of Health Occupations, Engineering/Technology and Occupational Guidance will be created and appropriately staffed to provide specialized assistance to target schools. Mr. Charles Buzzell is the Associate Commissioner designee for the Planning Unit.

FOR FURTHER INFORMATION CONTACT: OCCUPATIONAL PLANNING UNIT, BUREAU OF OCCUPATIONAL AND ADULT EDUCATION, UNITED STATES OFFICE OF EDUCATION, 400 MARYLAND AVENUE, S.W., WASHINGTON, D. C. 20202.

NEA ARCHITECTURE AND ENVIRONMENTAL ARTS PROGRAM

Grants are available to both individuals and colleges through the National Endow-

ment for the Arts for the support of research, program development and exploratory design studies in the Architecture and Environmental Arts Program. Grants to individuals are available on a non-matching basis for up to $10,000. Grants to colleges, universities, governmental entities and other organizations range from $10,000 to $50,000. At least one-half of the total project cost must be funded from non-federal sources. The matching funds must be expended as a part of the funded project and during the specified grant period.
FOR FURTHER INFORMATION AND APPLICATION MATERIALS CONTACT: THE GRANTS OFFICE, NATIONAL ENDOWMENT FOR THE ARTS, 1425 K STREET, N.W., WASHINGTON, D. C. 20506. TELEPHONE: 202/382-6657.
APPLICATION DEADLINE: 7/1/74.

NIDA GEARING-UP FOR MAJOR ROLE

The Special Action Office on Drug Abuse, having achieved the goals for which it was established in 1972 under PL-92-255, will have transferred most of its authority to the National Institute for Drug Abuse (NIDA) by the end of FY 75. NIDA is therefore preparing to assume the major authority for coordinating and administering federal dollars earmarked for drug abuse programs in prevention, treatment and rehabilitation. Following is a brief overview of the four major divisions included in NIDA:

1) Division of Community Assistance: This Division is responsible for coordinating and monitoring community based programs directed towards the treatment and rehabilitation of drug users. The responsibilities of this Division are carried out through the following three branches --

a) Criminal Justice (Branch Chief, Mr. Carl Hampton): Purpose -- Stimulate development of Treatment and Rehabilitation Program in jails, prisons, courts and probation and parole systems. Provides grants for the planning and administering of programs related to the treatment, rehabilitation and follow-up of the drug dependent person involved with the criminal justice system.

b) State and Local Service (Branch Chief, Mr. Robert Robertson): Purpose -- Plan and administer treatment through rehabilitation grant and contract programs designed for drug abusers and narcotic addicts. Staff officers provide consultation to grant and contract applicants.

c) Technical Assistance (Branch Chief, Mr. Kenneth Howard): Purpose -- Provides technical assistance to single state planning agencies and other public agencies responsible for the treatment and rehabilitation of drug abusers.

NOTE: A fourth branch of the Division of Community Assistance is scheduled to be launched in the near future.
FOR ADDITIONAL INFORMATION CONTACT: DR. LEE DOGOLOFF, DIRECTOR, DIVISION OF COMMUNITY ASSISTANCE, (NIDA ADDRESS BELOW). TELEPHONE: 301/443-2688.

2) Division of Resource Development: This Division of NIDA is responsible for developing and expanding manpower capabilities to effectively carry out responsibilities in the prevention of drug abuse and the rehabilitation of drug users. The functions of resource development are conducted through four branches --

a) Manpower and Training (Branch Chief, Dr. Lonnie Mitchell): Grants are provided to community colleges and other eligible institutions and agencies to develop training programs for the preparation of individuals interested in entering the field of drug abuse or for the upgrading of personnel already employed in the drug abuse field.

b) Prevention (Branch Chief, Dr. John Olson): In addition to establishing federal policy relative to all programs designed to prevent drug abuse, this Branch is authorized to award grants and contracts to colleges, universities and other eligible institutions to develop school or community based drug abuse prevention projects.

c) Services Research (Branch Chief, Vacancy): Grants and contracts are provided to eligible applicants to plan, develop and administer innovative projects to improve the delivery of treatment services. For example, experimental models that focus on providing effective services to addicts and abusers are eligible for program support.

d) Forecasting (Branch Chief, Dr. Philip Person): This Branch is responsible for planning, directing and carrying out programs designed to identify and monitor current patterns of drug use and abuse and to project future patterns of abuse in order

to assure timely and adequate response by the Institute to future drug abuse crises. FOR ADDITIONAL INFORMATION CONTACT: DR. STEWART NIGHTENGALE, DIRECTOR, DIVISION OF RESOURCE DEVELOPMENT, (NIDA ADDRESS BELOW). TELEPHONE: 301/443-2104.

3) Division of Research: This Division is authorized to award grants to eligible applicants including community colleges for conducting basic and applied research designed to reduce the drug problem through new methods in treatment, rehabilitation and prevention. Although this Division is interested in a broad range of scientific based research activity, community colleges would be advised to focus on research related to the social and behavioral sciences. FOR APPLICATION KITS CONTACT: MS. DOROTHEA DESAFRA, EXECUTIVE SECRETARIAT, DIVISION OF RESEARCH. FOR FURTHER INFORMATION CONTACT: DR. WILLIAM POLLIN, DIRECTOR, DIVISION OF RESEARCH, (NIDA ADDRESS BELOW). TELEPHONE: 301/443-1887.

4) Division of Scientific and Program Information: The purpose of this Division is to coordinate the gathering, cataloguing and dissemination of drug abuse information. Incorporated within this Division is the National Drug Abuse Clearinghouse.
FOR ADDITIONAL INFORMATION CONTACT: DR. RICHARD TUEY, DIRECTOR, DIVISION OF SCIENTIFIC AND PROGRAM INFORMATION, (NIDA ADDRESS BELOW). TELEPHONE: 301/443-6500.

Although NIDA will be responsible for coordinating much of the drug abuse activity funded through the federal government, the Single State Agency designated by the governor in each state to administer drug abuse programs will be responsible for planning and program implementation. For the name and location of the agency designated to coordinate drug abuse activities in your state, contact Dr. Lee Dogoloff (Telephone: 301/443-2688). Community college personnel interested in developing projects in drug abuse are advised to develop contacts with appropriate personnel at their Single State Agency for Drug Abuse Programs, NIDA Division staff and the HEW Regional NIMH Drug Abuse Coordinator.

NOTE: Once the Single State Agency's plan for a comprehensive drug abuse program is approved by NIDA, all projects within a given state requesting federal support must first be approved by the Single State Agency.

AS OF 5/1/74, THE TOTAL OPERATION OF NIDA IS LOCATED AT: 11400 ROCKVILLE PIKE, ROCKVILLE BUILDING, ROCKVILLE, MARYLAND 20852.

NIMH REPORT The National Institute of Mental Health (NIMH) has issued a report discussing private and public funding sources for mental health programs. The report also discusses improved fiscal and management procedures and presents papers on partnership in management, financing mental health services through multiple source funding, the management information system and cost finding, and private development funding.
COPIES OF THE REPORT MAY BE OBTAINED FROM: SUPERINTENDENT OF DOCUMENTS, UNITED STATES GOVERNMENT PRINTING OFFICE, WASHINGTON, D. C. 20402. PUBLICATION NUMBER: (HSM) 73-9005; GPO STOCK NUMBER 172400375. PRICE: $1.00.

GIS SEMINAR Government Information Services (GIS) is presenting a seminar with the theme of "A Guide to Federal Money" on June 10-12, 1974, in Washington, D. C. Officials of the Departments of Labor, Housing and Urban Development, Commerce and Transportation and experts in the federal aid field will give addresses.
FOR FURTHER INFORMATION CONTACT: ATTENTION: FRASER LANG, GOVERNMENT INFORMATION SERVICES, 752 NATIONAL PRESS BUILDING, N.W., WASHINGTON, D. C. 2004.

NOTE: Although the "Community and Junior College Corner" directs its attention to programs open to community and junior colleges, the programs identified in the "Corner" are not restricted to these institutions.

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Deadlines

JUNE 1	NIDA DRUG ABUSE PREVENTION PROJECTS (SEE VOL. 10-28)
JUNE 5	AID NUTRITION MANUAL (SEE VOL. 11-1)
JUNE 7	SOURCES TO PREPARE RECOMMENDATIONS ON ORGANIZATION FOR MANAGING LEGAL SERVICES AND FOR GENERAL INTERNAL OFFICE MANAGEMENT FOR LEAA (SEE VOL. 11-1)
JUNE 10	DOL AUDIT OF CONTRACTORS' RECORDS IN REGION I (SEE VOL. 11-1)
JUNE 14	NEA GRANTS FOR: CONSERVATION PROGRAM, MUSEUM TRAINING AND PRESERVATION OF COLLECTIONS AND RENOVATION OF FACILITIES (SEE VOL. 10-22)
JUNE 14	PRELIMINARY DEADLINE FOR CHANGE IN LIBERAL EDUCATION PROJECT (FINAL DEADLINE: 11/15/74) (SEE VOL. 10-28)
JUNE 14	NIAMDD R&D STUDIES IN GASTROINTESTINAL ENDOSCOPY (SEE VOL. 11-1)
JUNE 17	NEH FELLOWSHIPS FOR INDEPENDENT STUDY AND RESEARCH (SECOND DEADLINE: 10/15/74) (SEE VOL. 11-1)
JUNE 17	APPLICATION DEADLINE FOR UNIVERSITY OF TEXAS MEDICAL BRANCH (GALVESTON)/NEH MEDICAL PRACTITIONERS SEMINAR (SEE VOL. 11-1)
JUNE 28	NICHD STUDY OF NEONATAL MENINGITIS (SEE VOL. 11-1)
JUNE 30	NSF RESEARCH MANAGEMENT IMPROVEMENT PROGRAM (SEE VOL. 10-29)
JULY 1	NEA ART CRITICS FELLOWSHIPS (SEE VOL. 11-1)
AUGUST 5	USCSC/IPA PROGRAM GRANTS FOR PROGRAMS DEALING WITH PERSONNEL MANAGEMENT, MANPOWER UTILIZATION AND TRAINING NEEDS OF STATE AND LOCAL GOVERNMENTS (SEE VOL. 11-1)
SEPTEMBER 1	VA MEDICAL/HEALTH MANPOWER TRAINING ASSISTANCE FOR MEDICAL SCHOOL PROGRAMS AND HEALTH MANPOWER TRAINING PROGRAMS (SEE VOL. 11-1)

FEDERAL RESEARCH REPORT is published twice monthly, except August, $25.00 per year, by The Federal Research Group, a division of Frank H. Cassell and Associates, Inc., Management Research Consultants, 104 South Michigan Avenue, Room 725, Chicago, Illinois 60603. John W. Poynton, Director. Editors: Elaine F. Katz and Ronald Van Doren; Jo Tufano, Business Manager.

10.1

Same

1. Accounting, Financial, Budgetary, and Administrative Practices
2. Data Processing Requirements – Zimmerman
3. Nomenclature, Classification, Staging, and End-Results Reporting Systems
4. Medical Records and Registry Systems
5. Epidemiology (Analytical and Descriptive) and Biostatistics Information Systems

Hickey

6. Organization
7. Cancer Literature and Retrieval Systems – Clark
8. Patient Management and Planning Techniques –
9. Research Management and Planning – Schneider or Kennedy
10. Clinical Research (includes cooperative studies and clinical trials) –
11. Medical Education, Curricula, and Cooperative Programs – Spratt
12. Cancer Control – Hammond

10.1

ASSOCIATION OF AMERICAN CANCER INSTITUTES

BUDGET 1974-75

	LOW	HIGH
PERSONNEL		
Secretary (25%)	$ 2,500	$ 2,500
SUPPLIES		
Stationary & office supplies	500	500
Mailing costs	500	500
MISCELLANEOUS		
Printing	500	500
Xeroxing services	1,000	1,000
Telephone calls	400	400
Legal fees	100	100
Audit of accounts by CPA	200	200
TRAVEL		
Secretary, President	1,500	1,800
Board of Directors (6)	--	3,600
Special guests	--	1,000
TOTAL	$ 7,200	$ 12,100
Dues/Institute (based on 27 members)	$ 267	$ 448

approved 500.00 dues
to be pd in Jan

**Currently all the expenses for the office of the AACI are supported by Roswell Park Memorial Institute, with the exception of legal fees and expenditures incurred by other institutes.

THE UNIVERSITY OF TEXAS
M. D. ANDERSON HOSPITAL AND TUMOR INSTITUTE

Interoffice Memorandum

TO: Dr. R. Lee Clark **DATE:** May 13, 1974

FROM: Murray M. Copeland, M. D.

SUBJECT:

Dear Lee:

The attached is for your information and is the only way I can see to get action at some point within the organization.

Sincerely,

Murray M. Copeland, M. D.

MMC/bv
Enclosure

THE UNIVERSITY OF TEXAS SYSTEM
CANCER CENTER

Texas Medical Center Houston, Texas 77025

OFFICE OF THE PRESIDENT

May 14, 1974

Dr. David A. Wood
Cancer Research Institute
University of California Medical Center
1282 Moffitt Hospital
San Francisco, California 94122

Dear Dave:

Mrs. Gibson, Cancer Research Institute, University of California, San Francisco, was referred to me by Dr.Edwin Mirand concerning the status of the membership of the Cancer Research Institute, University of California, San Francisco in the AACI. I have looked into the matter carefully insofar as my records are concerned and have the following to report, which I am sending you for transmittal to Mrs. Gibson. I will start with your personal-confidential letter to Dr. Edwin Mirand dated November 11, 1973, which will not be a part of the official report but is also attached for your information.

I trust this will clarify the matter for the time being.

Sincerely,

Murray M. Copeland, M.D.
Vice President
University Cancer Foundation

MMC:jr
Enclosure

Report on status of the Cancer Research Institute, University of California, San Francisco, in the AACI.

The Membership Committee of the AACI became aware of the retirement of Dr. David Wood in November of 1973 and not having an official communication from the Cancer Research Institute concerning the status of that organization, felt that clarification would be needed as to the status of the Institute and whether representatives were to be sent to the Puerto Rico meeting of the AACI, January 9-11, 1974. It was established that unless word was received prior to that meeting, the Institute would be placed in Inactive Status and so reported for approval at the annual meeting of the AACI in Puerto Rico.

An updated Membership List was distributed by Dr. Mirand to the membership at that time requesting that all members who had not done so should submit reaffirmation applications for review by the Membership Committee. A discussion followed the presentation of the updated Membership List challenging the correctness of the procedure. It however was established that "the membership had authorized the Membership Committee to review all present member institutions as well as the new applicants for re-evaluation of membership categories" at its meeting in Seattle in June of 1973. After much discussion "it was agreed to defer further discussion regarding membership until the recommendations regarding the By-Laws were acted upon by the membership."

"Dr. Wood requested that the classification of the Cancer Research Institute of the University of California, San Francisco as "inactive" be reconsidered and classification deferred until a director has been found to take Dr. Wood's place. It was then agreed by the membership that the report to the Membership Committee be accepted except for Item D regarding updating of present membership following receipt of new application form, which will be tabled for future consideration."..."Passed."

A discussion of the By-Laws arose and there were many changes suggested with reference to flexibility within the membership, definitions, etc. "It was agreed that the exact wording of the modifications or amendments to the By-Laws regarding membership should be further considered by both the By-Laws Committee and the Membership Committee with the purpose of refining the language to express the wishes of the full membership. Upon that suggestion, the membership voted to accept and include in the By-Laws the rewording essentially as Dr. Hickey expressed it, and to give final approval by mail vote."

To my knowledge the Membership Committee has not met with the By-Laws Committee to consider changes in the By-Laws which might affect membership status nor have I received any communication from the Cancer Research Institute, University of California, San Francisco re: updating their status and/or recommendations for future delegates as prescribed by the By-Laws. I am asking Dr. Edwin Mirand, Secretary, at Buffalo, if he has any further information.

Under these circumstances, I would presume that the status of the Cancer Research Institute, University of California, San Francisco, is unclear until the revised By-Laws are passed by the membership and reconsideration of the status of the Institute is carried out.

It would be my recommendation that the attached Membership Application be filled out and submitted for the use of the committee when it next meets.

Respectfully submitted,

Murray

Murray M. Copeland, M.D.
Vice President
University Cancer Foundation

MMC:jr
cc: Dr. Jack Spratt, President
Dr. Edwin Mirand, Secretary
Dr. Robert Hickey, Chairman, By-Laws Committee
Dr. R. Lee Clark, President elect

10.1

CROSS REFERENCE

SEE FILE Meeting Files June 25-27

FOR PERTINENT INFORMATION DESCRIBED BELOW:

LETTER ✓ MEMO _____ OTHER ✓

FROM Miranda TO AACI Mbrs

DATE 4-27-74

SUBJECT Minutes of last Meeting (San Juans) - Notice of June Mtg

Also: Sidney Parker Resolution

PSF(1-74)

A Ms. O'Leary in Doctor Mirand's office called (716 845-3095) . They are trying to find the date (year) that the AACI group first met, even as a club, as they are trying to prepare a logo for a seal. They have come up with 1956.

Checked with Dr. Clark and he said that this has been researched--mentioned names of George Moore and Horsfall. He said to check it out with Doctor Copeland--JH please do and call this lady back.

ns

4/17

4-18 Checked our records - Nothing in our files prior to 1968. Dr Copeland pointed out reference to AACI in the 20 year history (pg 116) where it states founding was in 1959 Dr Copeland also gave me a copy of a news release stating the first meeting was held Sept 22, 1959 at Memorial Center N.Y. An Organizational Meeting was held at Roswell Park prior to that but no date given as to when held.

I called Ms O'Leary + gave her above information she said fine - they had only thought it ~~would be~~ was in 1956 - No records to back that date.

JH

Editorial Office
The University of Texas
M.D. Anderson Hospital
and Tumor Institute
Texas Medical Center
Houston 25, Texas

11-10-59 To: 161 ss. journals
George Moore, for info.
Buffalo (N.Y.) Evening
News

For Immediate Release

The directors of cancer research institutes in America have formed an organization, The Association of Cancer Institute Directors, for the purpose of exchanging information among the various institutes. The organizational meeting was held at Roswell Park Memorial Institute, Buffalo, N.Y. ? of where

The organization is composed of the senior scientific executives of those institutions and autonomous divisions and departments whose principal activities are concerned with the study of malignant disease and the treatment of cancer patients.

September 22, 1959

Officers elected at the first meeting held in ~~October~~ at Memorial Center for Cancer and Allied Diseases in N.Y. include: President, Dr. George Moore, Director, Roswell Park Memorial Institute; Vice-President, Dr. Sidney Farber, Director of Research, Children's Cancer Research Foundation, Boston, Massachusetts; and Secretary-Treasurer, Dr. R. Lee Clark, Jr., Director and Surgeon-in-Chief, The University of Texas M.D. Anderson Hospital and Tumor Institute, Houston, Texas.

The Association of Cancer Institute Directors has been designed to support investigations of the causes, nature, treatment and prevention of malignant diseases; to encourage the exchange of ideas, information, personnel and special facilities between groups with predominant interests in cancer; to foster educational opportunities in the bio-medical sciences, to provide

(MORE)

guidance to private and civil organizations concerning cancer research, education and the care of cancer patients; and to expedite the dissemination of information by the meeting together of the scientific executive officers of cancer institutes.

Members of the Association include representatives of: The National Cancer Institute, Bethesda, Sloan-Kettering Institute for Cancer Research, New York, Memorial Center for Cancer and Allied Diseases, New York, Roswell Park Memorial Institute, Buffalo, The University of Texas M.D. Anderson Hospital and Tumor Institute, Houston, Philadelphia Institute of Cancer Research, Pondville Hospital, Boston, Detroit Institute of Cancer Research, and Children's Cancer Research Foundation, Boston.

The Association will, in the future, consider members from among the scientific directors of cancer institutes of foreign countries.

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MINUTES OF THE FIRST OFFICIAL MEETING

OF THE

ASSOCIATION OF CANCER INSTITUTE DIRECTORS

September 22, 1959

Conference Room of the Memorial Center for Cancer and Allied Diseases, New York City

The following were in attendance:

Dr. R. Lee Clark, Jr., M.D. Anderson Hospital, Houston, Texas

Dr. Sidney Farber, Children's Hospital, Boston, Massachusetts

Dr. John R. Heller, National Cancer Institute, Bethesda, Md.

Dr. George E. Moore, Roswell Park Memorial Institute, Buffalo (presiding)

Dr. A. Bradford Patterson, Pondville Hospital, Walpole, Massachusetts

Dr. W. T. Randall, Memorial Center, New York City

Dr. William L. Simpson, Detroit Institute for Cancer Research, Detroit, Mich.

Dr. C. Chester Stock, Sloan-Kettering Institute, New York, New York

Dr. T. E. Talbot, Jr., Institute for Cancer Research, Philadelphia, Pa.

Discussion and Adoption of Constitution

The preliminary draft of the Constitution was presented for discussion. Certain changes and additions to the Constitution were approved unanimously. A revised Constitution is attached to these minutes.

Dr. Farber introduced a resolution recommending adoption of the Constitution and its by-laws. The motion was seconded by Dr. Clark and received unanimous approval.

Hereafter this organization will be known as the Association of Cancer Institute Directors (ACID). The list of charter member institutions is represented by the attendance list of this meeting. Please note that the Memorial Center will have two representatives, one representing the Sloan-Kettering Institute and the other the Clinical Research program of the Memorial Hospital and other Allied Institutions of the Center.

II. Election of Officers

Dr. Farber nominated Dr. Moore for President. This nomination was seconded by Dr. Clark and received unanimous approval. The other officers nominated and unanimously elected were: Dr. Farber, Vice-President; Dr. Clark, Secretary-Treasurer.

III. Discussion and Summary of the Clinical Research Educational Program of the Memorial Center - Dr. H. T. Randall

Dr. Randall indicated that the approximate cost of the present residency program is about $385,000. There are 108 residents in various departments. It was pointed out that approximately 50% of men graduating from the residency program in surgery have medical school appointments and 91% of the graduates pass their qualifying Board exam the first time it is tried.

Dr. Randall reviewed the practical aspects of the coordinated training program between Cornell and Memorial Center.

IV. Surgical Accreditation

Drs. Randall and Clark briefly summarized the present problems of obtaining Board approval of training programs in Cancer Institute Hospitals. It was suggested that the surgeons present pursue this matter further and prepare a joint policy statement.

V. Support of USPH Clinical Fellowship Program and Associated Problems - Dr. J. Heller

Dr. Heller briefly reviewed some of the problems associated with the maintenance of the Clinical Fellowship Program. Association members noted that the present stipends are inadequate for senior residents in the various medical specialties. Dr. Heller indicated that the program has not expanded parallel to other programs in the cancer institutes and requested that the Institute Directors consider how the program might be improved and strengthened.

Date of Next Meeting

The tentative date for the next meeting was January 1960. A suggested date is Thursday, January 14, 1960.

Dr. Heller invited the group to meet at the National Cancer Institute in Bethesda, Md. This invitation was accepted.

Tentative Agenda for the next meeting

1. A review of the relationship of cancer investigators to Congressional Committees - Dr. Farber.

2. Summary of immediate problems of the National Cancer Institute in furthering cancer research and education in this country - Dr. Heller.

3. Nomination of additional institutions for membership in the Association.

10.1 file

February 28, 1974

Dr. Frank J. Rauscher, Director
National Cancer Institute
National Institutes of Health
Bethesda, Maryland 20014

Dear Dick:

I have read the letter to you from Dr. Ramon Llobet, Medical Director of the I. Gonzalez Martinez Hospital in Puerto Rico, and recall the difficulty which the hospital, medical school and various practitioners were having on our recent visit there. We certainly all remember the considerable time which we spent with the heads of the University, Medical School, and the Department of Health. We did not, however, hear Doctor Llobet's side of the question.

This could be a real model in the use of a cancer institute as they have a superb facility and could certainly furnish valuable information on many aspects of the cancer problem if the individuals involved could get together. I do not have any recommendations for the situation, but would hope that we would not fund their operation until they can reconcile their differences.

Sincerely yours,

R. Lee Clark, M.D.
President

RLC:ns

Rec ✓
BK

February 2, 1974

Dr. Frank Rauscher, Director
National Cancer Institute
Bethesda, Maryland 20014

Dear doctor Rauscher:

Events that have ocvrred in my institution in the last few weeks prompt me to write to you and ask for your advise and help.

I enclose a copy of our budget which shows that the total yearly income to our hospital amounts to $1,795,450.00

Service to the Department of Health, on indigent patients amounts to $750,000 and Medicare service to $450,000. These two items sum up to 67% of the total budget of our hospital.

In the past, our service to indigent patients has always been contracted with the Department of Health as follows: - All patients suspected of having cancer are referred to us directly by the local Government, or private physician for examination and treatment. For this service we are paid on a set scale but not to exceed $750,000 for the year. A copy of this old contract is enclosed.

We have now been offered a new type of contract, a copy of which has been sent to you, stating that no patient will be sent directly to us. The patient will be seen by the local physician who will send him to the local health center, from there he will be sent to one of three regional hospitals where a diagnosis of cancer will be made, and then the case will be referred to us for treatment. The reason given by the Department of Health for this new type of arrangement is that the medical personnel of these local centers and regional hospitals will be receiving training in the diagnosis of cancer with this program.

We have vigorously protested such an arrangement for two reasons.

1) We think that there will be a great delay in getting the patients to treatment which will greatly jeopardize their chances of early treatment and therefore their lives. This is completely against the set standards of treatment of cancer patients.

2) The economic impact on our hospital will be such that we think we will be in danger of having to close our hospital in a not too distant future. Many of these patients will be kept by the regional hospitals, including, surely, the medicare patients which will also be coming through the same channels. The loss of income to our institution will be great. At the same time, since we no longer will be offering service directly to the population, but through other institutions, we will not be able to ask the population for help through our annual campaign for fund raising.

Our protests have been to no avail. We will have to sign this agreement which we know so greatly will jeopardize our institution economically, and much more importantly, the lives of thousands of cancer patients in Puerto Rico.

We definitely need any help that you can give. We have 140 beds in a good, modern hospital. We admit 1400 new cancer patients a year and so are in a position to do a lot of clinical research. We have not applied for any grants in the past thinking that this might be done through a comprehensive center, if we got one. The situation has now changed to where we have to think acutely of the future of our institution. We are willing to do any type of work needed and assigned by you or affiliate our hospital with any other institution in the mainland in any kind of work that they are doing where we can help.

Sincerely yours,

Ramón C. Llobet, M. D.
Medical Director

cc: Dr. Jack Ballarer
Dr. S. Lee Clark
Dr. Gerald Murphy

CONTRACT

CONTRACT OF HOSPITALIZATION AND MEDICAL SERVICES

APPEARING

As Party of the First Part: The I. González Martínez Hospital of the Puerto Rico League Against Cancer, non-profit institution, established in accordance with the laws of Puerto Rico, represented in this act by the President of the Board of Directors, Dr. Manuel Rodríguez Ema.

As Party of the Second Part: The Health Department of Puerto Rico, represented in this act by Dr. Ernesto Colón Yordán, Secretary of Health.

EXPONENTS DECLARE AND AGREE

First: That the exponent, Dr. Manuel Rodríguez Ema, President of Board of Directors of the I. González Martínez Hospital agrees and stipulates to offer the Health Department of Puerto Rico, represented in this act by its Secretary of Health, Dr. Ernesto Colón Yordán, the following services:

a) Admit, as necessary, to the I. González Martínez Hospital and provide asistance and medical services for treatment of cancer disease, to patients referred from Health Centers, Public Health Units, area hospitals, sub-regional hospital, medical centers and any other institution authorized by the Health Department of Puerto Rico.

Second: The I. González Martínez Hospital of the League Against Cancer offers to attend with efficiency and diligence, patients duly referred and admitted as such, according to this contract and pertaining

to the geographic area designated to this institution according to the town distribution by regions used by the Health Department.

Specifically the I. González Martínez Hospital will attend patients of Northeast, North, East and West regions, referred directly by its physicians or through the municipal hospitals, health centers, area hospitals, sub-regional hospitals, such as the University, Arecibo, Fajardo, Aguadilla, Mayaguez, Bayamón, Caguas, and Medical center of Mayaguez. It will attend those patients of the Southern region, who for special reasons are justified and are referred by the Ponce District Hospital and/or by the Association to Fight Cancer.

Third: This contract will prevail and bind legally during the period between July 1, 1972 and June 30, 1973. It may be cancelled by one or both parts as long as there is a 60 day notice precedence in order of time.

Fourth: The exponents stipulate and agree that the services to be charged and the rate that will prevail will be as followed:

a) Hospitalization for cancer patients per day...$ 30.00

b) Outpatient service visits (per visit)...$15.00

c) Teletherapy treatment (per treatment)...$ 4.00

It is required that the hospitalization services will constitute a portion no greater than 80 per cent of the total sum to be paid for rendered services according to this contract and understanding also that the rate for patient/days to be paid in cases where the hospitalization has

been at the Extended Care Facility of the Corporation of the Medical Center of Puerto Rico, shall be as billed by the Corporation instead of the rate of $30.00 indicated previously. The I. González Martínez Hospital will submit a separate bill covering these cases, with a copy of the bill for services received by the Corporation for the hospitalized patients at the Extended Care Facility of the Medical Center Corporation.

These rates shall be revised by mutual accordance of both contracting parties considering the encurred costs by the I. González Martínez Hospital during each one of the trimestrials ending on September 30th. December 31, of 1972 and March 31, of 1973.

Fifth: It is understood and also agreed that the appearing corporation will receive as payment for all the services rendered during the operation of this contract, a sum no greater than $625,000.00 The I. González Martínez Hospital will quarterly submit detailed accounts of services rendered for each of the three first trimestrial periods of the fiscal year and then shall submit monthly accounts for each of its last three months of the year. The Health Department will pay the amount of $156,250.00 for the first month of the first trimestrial period. The first of the second and the third trimestrial periods it shall pay the sum of $156,250.00 minus the difference between the payment if the services rendered during the precedent trimestrial period. The last trimestrial period it shall pay on base of rendered accounts minus any excess payment made previously. The Health Department will not be obliged to satisfy the

excess of costs of rendered services incurred by the I. González Martínez Hospital, above the total sum of $625,000.00 indicated previously.

Sixth: The I. González Martínez Hospital will keep a cancer register according to the norms of the American College of Surgeons and the Puerto Rico Central State Register. This implies that the I. González Martínez Hospital will inform its new cases to the Central Register, using the provided forms for this purpose.

Seventh: It is agreed, also, that the Secretary of Health or his representative will have the right to inspect the hospital facilities, the medical records of patients, financial arrangements (including cost determinations and to revise the treated care of hospitalized patients by virtue of this contract and any other service for which it is paying.

Eight: The I. González Martínez Hospitalcommits itself during the operation of this contract to maintain the hospital within the required norms for cancer hospitals of the American College of Surgeons and the Joint Commission of Accrediation of Hospital of the United States.

Ninth: The I. González Martínez Hospital agrees not to charge or demand any payment to the Health Department for services payed for by other departments, agency or dependency of the Federal Government, State or Municipal of Puerto Rico, or any person or private entity.

Tenth: The I. González Martínez Hospital commits itself that there be no discrimination because of race, age, religion or politics for the rendering of those services to which this contract refers.

Eleventh: For the protection of both parties in relation to the dispositions with relation of Law Number 28, approved June 18, 1948, the I. González Martínez Hospital by the present certifies that no employee or functionary of the Health Department has direct or indirect financial interest in this contract.

Twelfth: The services here contracted shall be paid from the Fund and Assignment: Budget 317 - Services for Cancer Control Account Number: 70111-7318-81 or from any other available funds.

San Juan, Puerto Rico, July 1st. 1972.

Manuel Rodríguez Ema, M. D.
President
Board of Directors
I. González Martínez Hospital

Ernesto Colón Yordán, M. D.
Secretary of Health

NEW CONTRACT

Commonwealth of Puerto Rico
DEPARTMENT OF HEALTH
San Juan, P. R.

CONTRACT FOR HOSPITALIZATION AND MEDICAL SERVICES

APPEARING

AS PARTY OF THE FIRST PART: The I. González Martínez Hospital, non-profit institution, established in accordance with the Laws of Puerto Rico, in this case represented by Acting-President of its Board of Directors Dr. Luis González López will hereafter be referred to as The First Party.

AS PARTY OF THE SECOND PART: The Health Department of the Commonwealth of Puerto Rico, in this case represented by Dr. José A. Alvarez de Choudens, Secretary of Health will hereafter be referred to as The Second Party.

The Exponents Declare and Agree

FIRST: That THE FIRST PARTY shall render unto THE SECOND PARTY, the following services:

a. Admit for hospitalization and medical services all patients duly referred by means of a printed form or blank used for such purposes by the Director of the University Hospital; Director of the Mayaguez Medical Center or the Director of the Ponce Medical Center in accordance with the Standards and regulations proclaimed by the Health Department and which are attached to and become a part of this contract.

b. To treat in the Out-Patient Clinics patients who are duly referred by the aforementioned officials, be it for ambulatory treatment in the first place or as a follow-up of the treatment received as a hospital patient.

(1) The visits to Out-patient clinics by patients who have been hospitalized at the I. González Martínez Hospital shall be limited to a maximum of three visits after being discharged. If later visits are necessary the patient shall be referred by the Director of the

I. González Martínez to the Director of the University Hospital or Medical Center which originally made the referral for the decision as to authorization of subsequent visits.

(2) THE FIRST PARTY shall provide free of charge all drugs necessary for the patient's treatment.

c. Offer teletherapy treatments along with other kinds of deep therapy to patients duly referred through the printed forms by the three officials mentioned before.

SECOND: The Health Department agrees to pay the I. González Martínez Hospital for all services rendered according to the following rates:

a. Cost per diem hospitalized patient	$ 32.00
b. Cost per visit to Out-Patient Clinics	$ 12.00
c. Cost of Teletherapy or deep therapy per treatment	$ 10.00
d. Cost per diem for cases of the Research and Training Project of the Medical Sciences (Recinto), exclusive of medical services	$ ___

THIRD: THE FIRST PARTY agrees to bill the SECOND PARTY for each individual patient duly referred by the authorized Directors in accordance with the rates specified above. The individual invoices must include a summary of all services rendered to the patient and will be processed according to the standards for the referral of patients.

FOURTH: THE FIRST PARTY shall keep a Cancer Registry within the Standards of the American College of Surgeons and the Central State Registry of Puerto Rico. The aforementioned implies that the I. González Martínez Hospital shall notify the Central Register of the Health Department all new cases.

FIFTH: It is understand that the Secretary of Health or his representative will have the right to supervise the hospital facilities, the clinical records of patients, financial arrangements and to evaluate the care of patients hospitalized under this agreement.

SIXTH: THE FIRST PARTY agrees to keep the Hospital up to the standards demanded of Cancer Hospitals by the American College of Surgeons and the Joint Committee for the Accredilation of Hospitals of U.S.A.

SEVENTH: THE FIRST PARTY shall not ~~exact payment of any sort from~~ charge the Department of Health for services which might be payable by other Department Agency or branch office of the Federal, State or Municipal Government of P. R. or private persons or institutions.

EIGHT: In the rendering of services the FIRST PARTY agrees not to establish differences because of race, age, religion or political believes, either in relation to personnel or to patients.

NINTH: For the protection of both Parties and in relation with Law Number 28, approved June 18/1948 the FIRST PARTY certifies that no employee or official of the SECOND PARTY has any financially vested interests directly or indirectly in this agreement.

TENTH: Services herein contracted for shall be paid for out of funds and allotments: Budget 317, Cancer Control Services account number 74-111-73-18-81 or from any other funds available.

ELEVENTH: This agreement shall go into effect and will legally bind during the term comprised between Jan. 1, 1974 to December 31, 1 74. It may be cancelled by one or both of its parties provided a written notification is filed sixty days prior to cancellation date.

At San Juan, P. R.

Dr. Luis González López
Acting-President, Board of
Directors I. González
Martínez Hospital

José A. Alvarez de Choudens, M.D.
Secretary Department of Health

RULES AND REGULATIONS FOR THE MANAGEMENT OF PATIENTS WITH NEOPLASTIC DISEASES IN THE DEPARTMENT OF HEALTH

A. HEALTH CENTERS, PUBLIC HEALTH UNITS, MUNICIPAL HOSPITALS AND PRIVATE PHYSICIANS

1. All patients with neoplastic lesions shall be examined by a physician at Health Center, Municipal Hospital, Public Health Unit level or a private physician who will then fill completely and immediately the special printed form of referral as soon as laboratory tests are done.

2. The original copy of this referral form in a sealed envelope will be handed to the patient to be taken to the Director of Out Patient Clinics of the Regional or Sub-Regional Hospital to which he belongs as soon as possible.

3. The second copy will be filed away in a folder labeled pending cases.

4. The Health Center, Municipal Hospital, Public Health Unit or private physician will receive by mail from the Regional or Sub-Regional Hospital the first copy containing the date appointed to the patient for his visit. This copy will be filed in the patient's record and the copy already filed in the pending cases folder will be destroyed.

5. If a physician in his private practice suspects an indigent patient of neoplastic lesions he can refer the patient to the Sub-Regional Hospital In the same manner as the patients of Health Centers. The government offices will be made responsible for providing referral blanks to any doctor who may be interested. (Referral blank for neoplasia) PCCT-1

B. SUBREGIONAL HOSPITALS

1. The Director of O. P. D. shall upon receiving the suspect of neoplasia referred by a Health Center, Public Health Unit, Municipal Hospital or private physician, inmediately evaluate the referral, and give him a written appointment for the day and hour corresponding to the Tumor Clinic at the hospital (appointment must be made out in duplicate). The original copy will be given to the patient that he may bring it back with him and the copy will mailed to the point of referral. If no Tumor Clinics are held at

the hospital the appointment will be made for the corresponding service clinic.

2. The O. P. D. clerk will note down the date in the Tumor or Service Clinic book.

3. The Director of O. P. D. will use his professional criterium to determine the priority of the referral depending on the type of lesion, malignancy, intensity, place of residence of patient, the clinic's backlog, etc. He must consider that the only chance of survival for a patient with a malign lesion lies in a fast and adequate treatment.

GENERAL STANDARDS

Maximum Waiting Period between Suspicion and Diagnosis

a) Cancer of Breast, Nervous System, Conjunctive or Lymphatic Systems, Hemalpogetic and Melanoma - Not more than 2 weeks.

b) Cancer of the Digestive and Respiratory Systems - Not more than 3 weeks.

c) Cancer of the Genito-Urinary System - Not more than 3 weeks.

Maximum waiting period between diagnosis and start of treatment - For all tumors - Not more than 2 weeks.

4. The Tumor Clinic or Service Clinic of the Regional or Sub-Regional Hospital shall evaluate the referred patient and determine priority and the place where he should be sent in the shortest possible time with due regard of the recommendations assued above.

5. All patients suspects of malignancy must be throughly evaluated at the Regional or Sub-Regional Hospital including the histologic and radiologic confirmation of the tumor.

6. If the patient misses the visit, the case shall be referred as urgent to the Social Worker and a new appointment date given to him or her. This will not be done by mail. The Social Worker together with the Secretary of the Tumor Clinic will be held responsible for the follow-up of these patients and a record shall be kept of this.

C. UNIVERSITY HOSPITAL AT RIO PIEDRAS, MAYAGUEZ AND PONCE MEDICAL CENTERS

1. If the patient can not be treated at the Sub-Regional Hospital

he shall be referred to the OPD of the University Hospital or to the Mayaguez or Ponce Medical Center whichever is due. All the studies made including copies of (a) physical examination (b) X-Rays, (c) laboratory tests, (d) cytology (e) hystology shall be sent by ambulance or by mail through the PCCT-2 blank

2. The Director of OPD at University Hospital or the Mayaguez or Ponce Medical Centers will evaluate and determine, by means of the most practical procedure, the time and place where the patient will be further evaluated in order to

(a) Be discussed in Tumor Clinics or Boards
(b) Be started on treatment
(c) Be fully diagnosed, if still pending

An appointment to the Tumor Clinic or Service Department as soon as possible with copies going to the referring institutions.

3. The Tumor Clinic and or the Tumor Board will then refer the patient together with the decision to the porpoer Head of Service for his treatment.

4. If the patient misses the visit appointment he shall be referred to the Social Worker for inmediate action. The Social Worker together with the Secretary of the Tumor Registry will be held responsible for the follow-up of these patients until they received the assigned treatment and will keep a record of this.

5. If the Mayaguez, Ponce or University Hospitals lack the facilities to supply the type of treatment indicated, he shall be inmediately referred to an institution that is able to. This last referral must be made through the Directors of the University Hospital, the Mayaguez or Ponce Medical Centers who are the only officials authorized to hospitalize and order treatment in non-government hospitals. The referral shall be made by the fastest possible way and it must include copies of the case history, physical examination, X-Rays, laboratory tests, cystology, biopsy, etc. together with the original copy of the special PCCT-3 blank for referral. Thes second copy will be filed in the patients clinical record and the first copy will be sent to the Administrator of the Hospital.

6. If the patient is insured (SSS, Cruz Azul, Medicare, etc.) to cover costs it must be clearly stated in the referral, so the Department of Health will not have to pay for these services. The University Hospital at Río Piedras and the Medical Centers at Mayaguez and Ponce will keep a system of utilization and pay similar to Medicare supervising that services given be equal to the estimates of the Head of Services of the referring hospital.

tion of payment. These shall be sent to the Department of Health, for final processing and payment.

LETTER REJECTING AMENDMENTS TO NEW CONTRACT

January 16, 1974

Miss Gloria Campos, Administrator
I. González Martínez Hospital
P. O. Box 1811
Hato Rey, P. R.

Dear Miss Campos:

I refer to your communication to Dr. Enrique Pérez Santiago, where you include recommendations of amendments to the contract between this Department (of Health) and the I. González Martínez Oncologic Hospital.

I am sorry to inform you that such amendments are not acceptable. The norms for referral of cancer patients, proposed by this Department are applicable to all institutions involved in the program. Similar procedures will be established for all institutions outside of our department's system, which will contract with the Department of Health.

Our objective in establishing such a plan is to develop in our mayor institutions, the 3 regional hospitals as of now, the facilities and means for the diagnosis and treatment of cancer cases. This will allow the medical staffs of these centers, and its personnel in general to interest themselves more and develop their skills and knowledge in this area. This is essential to succeed in having the cancer cases diagnosed by our program to receive early treatment. We hope, furthermore, that from now on the cancer hospitals will receive their cancer cases fully diagnosed and ready for treatment, which will result in a better utilization of these facilities. The patients will have the benefit of being treated closer to their homes, which will prevent the inconveniences of travelling long distances.

I have given my approval to these norms within the faculties conferred on me by the laws and regulations as to the operation of the system of health that I direct, and as a contracting part on a service with private institutions.

[illegible] to the plan if
[illegible] shown that such amendments will
after [illegible] the best [illegible] cancer patients.

Cordially,

José A. [illegible] Chevalier, M.D.,
Secretary [illegible]

I am most willing to consider amendments to the plan if after it is working it would be shown that such amendments will be needed and convenient to the best interest of cancer patients.

Cordially,

José A. Alvarez de Choudens, M.D.
Secretary of Health

CANCER RESEARCH CENTER
CRC
PHONE 314 443 3103
BUSINESS LOOP 70
AND GARTH AVENUE
COLUMBIA MO 65201

10.1

FILE UNDER OF FLAIS FISCAL HOSPITAL COLUMBIA MO

15 February 1974

R. Lee Clark, M.D.
President
M. D. Anderson Hospital and Tumor Institute
University of Texas
Houston, Texas 77025

Dear Dr. Clark:

Dr. Spratt has asked that I forward to you our updated Letter of Intent submitted to the National Cancer Institute on February 13.

Sincerely,

Bonnie W. Cook

Ms. Bonnie W. Cook
Secretary
Dr. John S. Spratt, Jr.

Enclosure

CANCER RESEARCH CENTER

CRC

PHONE 314 443 3101
BUSINESS LOOP 70
AND GARTH AVENUE
COLUMBIA MO 65201

February 8, 1974

Dr. Frank J. Rauscher, Jr.
Director
National Cancer Institute
Building 31, Room 11A52
Bethesda, Maryland 20014

Dear Dr. Rauscher:

As you know, the Cancer Research Center and Ellis Fischel State Cancer Hospital in Columbia, Missouri submitted a letter of intent to apply for a cancer center support grant on July 11, 1973. Dr. John Yarbro consulted with our staff regarding the letter and suggested that several items be considered prior to submission of a formal application. Since his visit we have complied with several of his suggestions to strengthen our program support and to comply with center guidelines.

A consultative site visit on cancer center administration was also provided by Mr. Robert Goehle, fiscal coordinator at Roswell Park Memorial Institute. The suggestions and information provided by Mr. Goehle have been invaluable in improving our ability to justify expanded state support for salaries and scientific positions. Our business and personnel offices are in continuing communication with Mr. Goehle to further strengthen our entire administrative structure as a cancer center.

Five actions are particularly noteworthy: (1) salary for medical staff in the cancer hospital has been successfully upgraded within the Missouri State Merit System; (2) award is being made to carry out a two-year breast cancer detection demonstration project at the Cancer Research Center; (3) grant application "Cancer Control Program Development for Missouri" has been submitted to the National Cancer Institute to develop and/or upgrade needed programs in Missouri; (4) one year contract bid to plan a cervical screening program for Missouri was submitted by the Division of Health Cancer Control Program to the National Cancer Institute; and, (5) steps are being taken to solidify departmental arrangements between the Ellis Fischel State Cancer Hospital, the University of Missouri Medical Center at Columbia and the University of Missouri Dental School in Kansas City.

Our progress in the development of a comprehensive program for Missouri has also been enhanced by our involvement with the American Association of Cancer Institutes. As the current president of the association, the opportunities for cooperative relationships are unlimited in the fight against cancer.

Enclosed is an updated copy of our letter of intent reflecting our definite interest in participating in the National Cancer Institute's Cancer Centers Program. Please take official cognizance of the fact that we now comply with the National Cancer Institute guidelines as a comprehensive cancer research and demonstration center.

Sincerely,

John S. Spratt, Jr., M.D.
Director
p

Enclosure

CANCER CENTERS PROGRAM

LETTER OF INTENT

ELLIS FISCHEL STATE CANCER HOSPITAL-CANCER RESEARCH CENTER
COLUMBIA, MISSOURI

13 February 1974

A. Background

The EFSCH was opened in April 1940 as the first cancer hospital west of the Mississippi. The hospital has operated continuously since that date having provided service to 42,826 cancer patients up to the present time. The hospital is a part of the Missouri Division of Health. Its professional policies are set by a State Cancer Commission appointed by the Governor and confirmed by the Senate.

CRC is a nonprofit Missouri corporation chartered in 1962 by members of the State Cancer Commission acting as private citizens. The Board of Trustees of the CRC is now being enlarged to its full complement of 30 members to insure statewide representation.

On 8 October 1972 the State Cancer Commission and the Board of Trustees of the CRC passed a joint resolution expressing their intent to develop a comprehensive cancer research and demonstration center in compliance with federal guidelines for such a center. A copy of the resolution is submitted as Attachment I. The CRC, the EFSCH and related programs to be described are referred to hereinafter as the Cancer Center (see organizational chart, p. 11). A detailed description of the Center's facilities is provided in Attachment II. The policy expressed in the joint resolution has now been fulfilled by compliance with NCI guidelines for cancer centers.

B. Program Description

1. Objective

The major objectives of the Cancer Center are the prevention, detection and treatment of neoplastic diseases in man and accelerated rehabilitation.

Prevention includes the identification and study of carcinogens and the carcinogenic process in the interests of reversing, neutralizing, or eliminating their action upon mankind. It further includes an assessment of the epidemiology of cancer in Missouri and effective behavioral modification requisite to reducing the incidence of cancer. Detection emcompasses demographic studies of the disease, the identification of high risk programs, and the application of screening programs as well as methods for definitive diagnosis. Treatment pertains not only to therapeutic methods capable of halting or eliminating the disease, but to rehabilitation of the patient to as normal a status as possible, physically, functionally and mentally.

2. Approaches

The approaches to this objective are through the conduct of laboratory and clinical research, through professional patient and public education, and through medical and rehabilitative services. The following are current programs of the Cancer Center in these areas; subsequent paragraphs describe current and proposed activities in each area.

Programs:	Ellis Fischel State Cancer Hospital	Cancer Research Center
	Cancer Control Program	Clinical Research Unit
	Cancer Registry	Biochemistry
	Educational Program	Biomathematics
		Detect Clinic

3. Activities

ELLIS FISCHEL HOSPITAL

EFSCH maintains relevant clinical departments--medicine, surgery, radiotherapy, radiology, radiation physics, pathology and dentistry. The hospital has provided service to 42,826 patients since 1940 and maintains 100% follow-up on these patients. Over the last 2-year period 2,191 new patients were seen. A breakdown of 1972 patient visits by service includes 12,136 outpatient clinic, 1,215 surgery, 495 radiotherapy and 374 medicine. Figures for dentistry are not available since the service is new (1972). Physics and pathology are supportive in nature.

Recent legislation has increased the availability of these services. Prior to August 1972 only those Missourians with low income verified by court order could be treated at EFSCH. Now anyone with cancer can be admitted as long as he is referred by a licensed MD, DO or DDS.

Cancer Control

By agreement between the Missouri Board of Health and the Missouri State Cancer Commission, the Commission has taken full responsibility for all cancer control activities in Missouri and has asked John S. Spratt, Jr., M.D., Chief Surgeon at the Ellis Fischel State Cancer Hospital and Director of the Cancer Research Center, to serve as Program Coordinator for Cancer Control. Detailed plannig is now taking place to insure maximum utilization of existing resources in disease prevention, public education, health professional education, detection programs, treatment programs and other collateral public health programs in the state of Missouri. The overall objective of the cancer program is to plan, establish, and evaluate a statewide program to better serve Missourians in the detection, treatment and prevention of cancer. The cancer control program is still in its early planning stages, but a Phase I survey intended to identify existing cancer control programs in other states and to assess cancer related needs in Missouri as perceived by physicians, personnel of the Division of Health, former patients of Ellis Fischel State Cancer Hospital, and volunteer workers of the Missouri Division of the American Cancer Society has been completed (a summary report is included as Attachment III).

A second phase survey was developed to determine the status of existing health resources in Missouri as they might relate to a cancer control program. The Phase II survey went to hospitals in Missouri, identifying equipment, services personnel and service programs as they relate to the cancer patient. Summaries of Phase I and Phase II data will create a base for initial plan development and allow initiation of cooperative efforts to establish the final program objectives and plan. In conjunction with cancer control planning, program staff and relevant personnel of the Cancer Hospital are participating in the planning sessions of the Missouri Uterine Task Force and will assist the Task Force in program implementation and evaluation. This Task Force of the Missouri Division of the American Cancer Society is organizing to comply with the American Cancer Society Task Force's major goal (by 1976, a Pap test for every woman 20 years of age and over to whom the test is applicable and for those under 20 at risk). The Task Force will endeavor to achieve this objective in Missouri through cooperative publicity, public education and appropriate screening activity. As cancer control planning evolves, the staff will follow the long tradition of cooperation with the Missouri Division of the American Cancer Society. Maximum cooperation will insure programs of high quality.

The Missouri Division of Health Cancer Control Program has responded to RFP NIH-NCI-CN-74-20 with a one-year planning program for cervical cancer screening.

Outreach capabilities are being developed in enterostomal therapy with a cooperative effort of EFSCH and the Cancer Society. This program, intended to assist in rehabilitation of the stoma patient to his previous level of productivity, is in its initial stages at the present time. Exchange of service information for the stoma patient is taking place between Ellis Fischel and the University of Missouri Medical Center to insure a high quality of care and uniformity of information going to the patient.

An application submitted to NCI requesting funds for cancer control program development in Missouri was site visited February 4, 1974. The program consists of four sections: (1) an integration component, (2) cancer chemotherapy program support, (3) establishment of a maxillofacial prosthetic rehabilitation center and (4) enterostomal therapy.

It is proposed that cancer control program planning will evolve into an operational outreach effort centered at the state cancer hospital. The support of the Missouri Division of Health, the state Board of Health, and the Missouri Cancer Commission is evidenced by current programs and all indicators are positive for continued input and support.

An office of planning and evaluation will be created which will insure adequate input from all programs in the Cancer Center and coordinate evaluation of programs and demonstration projects. Description of program needs, determination of objective plans, application of resources and continuing evaluation of the Center's programs will be coordinated through the office of program planning. A prime responsibility will also be the monitoring of organizational activity in the state and region to avoid duplication of activity and to insure maximum input and cooperation. Liaison with the Office of Comprehensive Health Planning, Missouri Cancer Society, Missouri Hospital Association, Missouri Nurse's Association, Missouri State Medical Society, and the Missouri Public Health Association

is now in existence and provides an excellent base for future planning which will above all be responsive to defined needs and promote better service for cancer patients in the state.

Cancer Registry

The Cancer Research Center has accepted a contract with the Missouri Division of Health to plan and make operational through the biomathematics section a state cancer registry related to the evolving State Center of Health Statistics. The data compiled by this state cancer registry are essential to the study of cancer in Missourians.

During the initial phases of the cancer registry, effort has been put into the development of a data base to describe the distribution of the cancer status in terms of sex, race and geography, which are the domain of demography. Epidemiological research needs a good demographic data base, but it further needs an established data base in terms of correlative factors. The registry is designing and building the operational mechanism through which comprehensive cancer surveillance data may be collected and evaluated. Sources of all data bearing on the epidemiology of cancer will be investigated and mechanisms will be set up to relate these with the cancer surveillance data.

The basis of any research in this area depends upon an accurate assessment of the presence of cancer in the population; it must be precise, timely, and comprehensive. Consequently, the Missouri cancer registry is building this data base to fill these stringent requirements. The cancer registry will be a collection of diagnostic, therapeutic, and survival data of cancer patients in Missouri. It is supplementary to the usual diagnostic files of a hospital and is necessary because of the chronicity and complex ramifications of cancer as a disease. The registry will be an aid to quality control, follow-up, education and research into the methods of cancer prevention and will give direction to the Cancer Control Program planning section.

The Cancer Center has access to all data generated by other departments in the Division of Health. CRC, then, is in a strong position to accomplish some much needed research in cancer epidemiology. This is a rare opportunity to study the relation between the many suspected causes of cancer in the environment and the occurrence of cancer in man.

The Center proposes to use data collected by the state cancer registry to conduct retrospective studies identifying socio-demographic factors related to cancer. In addition to registry data, hospital patients and controls could be included in these studies. It is possible that results of regional studies would suggest similar prospective studies on a nationwide scale.

Education

Educational programs are the responsibility of the Center's education committee and Educational Support Unit. The unit serves as a resource to other members of the health care team by providing skills in educational

methodology and program evaluation. This work involves defining the basic core of information needed by the learners, assisting the human and physical resources necessary to implement an educational program, coordinating and formalizing the efforts of the many disciplines involved and maintaining efficient program. Other responsibilities include publishing articles and presenting seminars to promote knowledge of CRC's programs and goals in the areas of patient and employee education, providing input concerning education into CRC's efforts to establish a Cancer Control program for the state of Missouri, participating in professional meetings in the field of health education and working with graduate students in community health education at the University of Missouri-Columbia.

Health professionals. Electives or free-time clerkships are provided for medical students in surgery, medicine, pathology and radiotherapy; affiliated or independent residency programs are provided in radiation therapy, surgery and pathology. American Cancer Society oncology fellowships and NCI clinical cancer training fellowships are available; cancer nursing experience is provided for professional nursing students, and LPN students participate in day-long sessions including tours, lectures and discussion groups; and lectures are given at the University of Missouri School of Medicine and the University of Missouri School of Nursing. Nursing students from other nursing schools in Missouri rotate through the Cancer Center for oncologic nursing.

Semiannual professional programs are offered each year at no cost to any interested health professionals. Monthly oral pathology seminars are held. Rare cases are discussed by house staff and visitors from in and out of state including responses by mail.

Patients. Patients are given the information and education necessary for them and their families to receive opitmal benefit from the clinic, hospital and/or posthospital experience. Emphasis is placed on self-care, rehabilitation, continuity of care and understanding cancer. An enterostomal therapy program has been initiated to improve the ability of patients with stomas to function independently. Work is done directly with patients at EFSCH, without staff and with nurses around the state in hospitals and community health settings.

Employees. The Center realizes that an institution's greatest single resource and its foundation for success is present employees, properly developed and motivated. Inservice education is offered to all employees to improve job effectiveness and enhance job satisfaction.

Public. Public education is aimed at an increased knowledge about cancer, the more effective use of facilities by health professionals and the general public, and greater interest in health careers by students. The MIRROR, an eight-page tabloid, is published quarterly and sent to an average of 6,254 persons. Speakers are provided for community groups, tours of the facilities are given and include a description of the institutions' history and service, cancer treatment and health careers, and materials describing new institutional policies or nontechnical information about cancer are distributed to the public.

The ultimate educational goals are to provide optimum care with the most efficient and effective use of available manpower and facilities, to increase utilization of current techniques for early detection of cancer and to

motivate the public toward cancer prevention. The overall plan is that activities in these areas will be designed and tested at EFSCH and then provided on an outreach basis to others.

An important resource for the region served by the Center is the specialized collection of neoplastic disease literature developed by the Center's research library. The Library's proven ability to search and analyze the neoplastic disease literature and to interface effectively with existing library systems makes it a valuable resource and educational tool for all ages and categories.

An outreach program to make the library resource skills available to more health professionals and the lay public can be initiated through the addition of a MEDLINE terminal at the Center and additional staff appropriate to the demand for the service. Libraries, civic groups, hospitals, physicians and other interested groups and individuals would be informed of the availability of these services, preferably by demonstration, and invited and encouraged to use them.

The Cancer Library will not provide document delivery service in response to search questions; rather it will provide a bibliography of suitable references in response to such queries. It will, of course, respond directly to questions of fact such as statistical questions, organizational addresses, etc. It will direct organizations to the most appropriate sources for films, brochures or whatever form of cancer information is required. The guiding philosophy of the Library must be to see that the wealth of information available to it is equally available to everyone in its service area. This can only be accomplished by an active outreach program which will encourage the use of its unique ability to mediate between the professional and lay public on the one hand, and the immense store of neoplastic literature on the other.

Expansion Program

In 1966, the Missouri General Assembly appropriated planning money for the expansion and renovation of Ellis Fischel State Cancer Hospital which eventually totalled $164,000. Staff and architectural effort produced plans at the bid document stage which were filed in the Office of Planning and Construction by 1 December 1968. The estimate for the project today is $15.5 million. A phase I appropriation of $7.6 million has been approved by the Governor. Ground will be broken for this enlargement in May of 1974.

The hospital and clinic are designed with the principles of layout planning and operational efficiency foremost under consideration. This will result in a hospital that can be operated for decades in a highly efficient way at minimum cost.

Design of the first floor of the new hospital facility will make it possible to separate outpatients according to their needs. Patients who come to the clinic on litters will be routed to assure their privacy. New patients will not be unduly alarmed by seeing patients who are debilitated. Diagnostic x-ray, the isotope laboratory for diagnosis and treatment, and a small clinical laboratory will be located in the clinic area thus facilitating the clinic process. A new and improved surgical suite will occupy much of the second floor. The remainder of the floor will accommodate a modern anesthesia

recovery room and an intensive care ward adjacent to it for maximum utilization of highly skilled nursing personnel. A maxillofacial prosthetic rehabilitation suite will be on the second floor also. The third floor will be used by the pathology and medicine departments and include adequate space for cytology, clinical pathology and a clinical laboratory. The labs provided on this floor will make it possible to utilize up-to-date automated equipment for faster diagnoses. Electron microscopy, tissue culture and histochemistry sections will be added to the department of pathology. An immunology section is planned to expand the Center's methodologies in the cure and palliation of cancer. The fourth and fifth floors will provide for 128 additional beds with completely modern facilities for acutely ill patients.

Renovation of the old hospital will include a 16-bed rehabilitation ward for all types of patients. A physical therapy area will maintain "Reach to Recovery" training for mastectomy patients. Patients who have been cured of cancer but who have lost eyes, ears, nose, or part of their jaws will be housed here until their prostheses are completed, allowing them to return to normal social routines instead of being "closet" cases. A dining room for these patients will be located here. The nursing offices will have adequate classroom space for inservice training to upgrade the service of nursing personnel. The medical library, which has been moved to the Cancer Research Center building next door, will be returned to the hospital where it is needed. Separate from the new hospital appropriation and currently under contract is the acquisition of a 40 MeV linear accelerator at the approximate cost of $1 million. An additional $500,000 will be expended in expansion of current radiotherapy facilities to house this new unit.

CANCER RESEARCH CENTER

Clinical Research Unit

A clinical research unit is located on the fifth floor of EFSCH. The unit is organized (1) to provide an opportunity for qualifed investigators to conduct clinical research in an optimum environment, (2) to produce a closer working cooperation between the clinical investigator and the basic scientist in the practical application of theory to the betterment of medical practice, (3) to provide a stimulus for the further development of cancer research, and (4) to provide an environment of maximum care and safety for patients willing to serve as research subjects.

Studies include systemic and regional chemotherapy, surgical and radiotherapy techniques and combinations of these. Chemotherapy patients are admitted under protocols which encompass new approaches to malignant disease, some of which are those approved for participation in the Western Cancer Study Group. Surgical protocols include the National Surgical Adjuvant Breast Project, and some radiotherapy protocols are those of the Radiotherapy Oncology Group. The dental department is conducting a three-year study of the biochemical and microbiological changes undergone by saliva of patients who have been irradiated to the head and neck area. This research study is supported through the National Institute of Dental Research.

Biochemistry

The biochemistry department is a working group in basic oncologic biochemistry. Their primary goal is the development of new knowledge about the chemistry of cancer which would contribute to the development of new methods of cancer treatment and prevention and early cancer detection. The study of enzymes which are related to structural elements of the cell has been a major area of investigation. Characteristics of structure-enzyme relationships are interpreted in terms of tertiary and quartenary protein structure. Present areas of work include the application of enzyme modification techniques to antineoplastic agents and the development of clinical chemical methods for cancer detection.

Microcalorimetry is an appropriate analytic tool for clinical chemistry assays in which the quantity to be measured is a substrate for an available enzyme used as an analytic reagent, an enzyme for which purified substrate is available as an analytic reagent, or an inhibitory substance for an enzymic reaction where both substrate and enzyme are supplied as the analytic reagents. Cost-benefit may favor calorimetry over spectral methods where the reactions of interest do not develop color or where spectral interferences are inherent in the biological tissue or fluid to be evaluated.

The biochemistry department is modifying an existing Calvet-type instrument to increase its potential service load (by repetitive feed) and to improve the precision of the titrating apparatus in the microliter sample range. It is hoped it will demonstrate its efficacy in the practical assay of aldolase (serum), hyaluronic acid (urine) and uric acid (serum and urine) as part of an ongoing clinical chemistry service.

Evaluation in terms of sensitivity (sample size limitation), precision, accuracy, and cost-benefit with reference to authentic samples and clinical material will be made upon the basis of data obtained. Assuming appropriate instrument modification for routine use elsewhere and other reasonable conventions, projections will be made for cost-benefit analysis which will indicate the feasibility of the methods for wide-spread use in clinical chemistry.

Biomathematics

The biomathematics department provides assistance in research design and data analysis. It also works with other areas of the Cancer Center to develop mathematical methods which would be of use. In the past these have involved the radiotherapy department in the development of isodose curves which are used in the administration of radiotherapy to cancer patients, the EFSCH dietary department to evaluate tube feeding formulae for cancer patients, and the nursing department concerning the use of computers for nurse scheduling. The department of biochemistry has required some standard statistical analyses for which programs already existed and the use of the computer to solve mathematical problems which are nonstatistical in nature and which require special programming.

Consultation is provided for other organizations such as the Cleveland Clinic. Various modalities of therapy were evaluated according to the data collected by the Clinic and a research design developed in conjunction with the Center's

biomathematics department. University of Missouri faculty members consult this department and specialized programs available only through the Center are requested frequently.

In addition, this department conducts research of its own in computer diagnosis of cancer, theory of medical logic, trace elements and cancer detection costs.

Center staff are participating in the proceedings of the American Association of Cancer Institutes which is endeavoring to develop methods to provide a uniform means of communication among cancer centers. Categories under investigation include medical records; epidemiology, statistics, cooperative studies and clinical trials; diagnosis and nomenclature of anatomical pathology; automation and reporting of clinical pathology; staging of disease and end-result reporting; business management techniques; cancer literature management and retrieval; biomathematics, computer science and systems management, and medical education.

Detect Clinic

The Detect Clinic provides a screening examination specifically designed to discover cancer before it produces symptoms. Laboratory tests, x-rays, physical examination and medical histories are done on each patient in the clinic. Mammography and the Pap smear are performed on female patients, and a proctosigmoidoscopy is given to both females and males going through the Detect exam.

The Clinic is also designed to provide a means to study and evaluate new methods of cancer detection (such as computerized history taking), specialized biochemical testing and mammography, and facilities for outpatient clinical research. The biochemistry department has used clinic specimens for research related to chemical detection methods and made recommendations for clinical application based on their findings.

The utilization of this facility will be expanded with the funding of a demonstration project for the earlier detection of breast cancer. This is a two-year program designed to screen 5,000 women annually and is sponsored jointly by National Cancer Institute and the American Cancer Society. Thermography is being added to the detection procedures in existence.

The Detect Clinic proposes to work in collaboration with the educational support unit (see p. 11) in promoting the application and use of preventive and screening methods by professional personnel and educating and motivating the general public to take advantage of screening and preventive measures. Results of detection screening should contribute to an accurate assessment of the presence, extent and probable course of cancer risks in population groups including precancerous lesions.

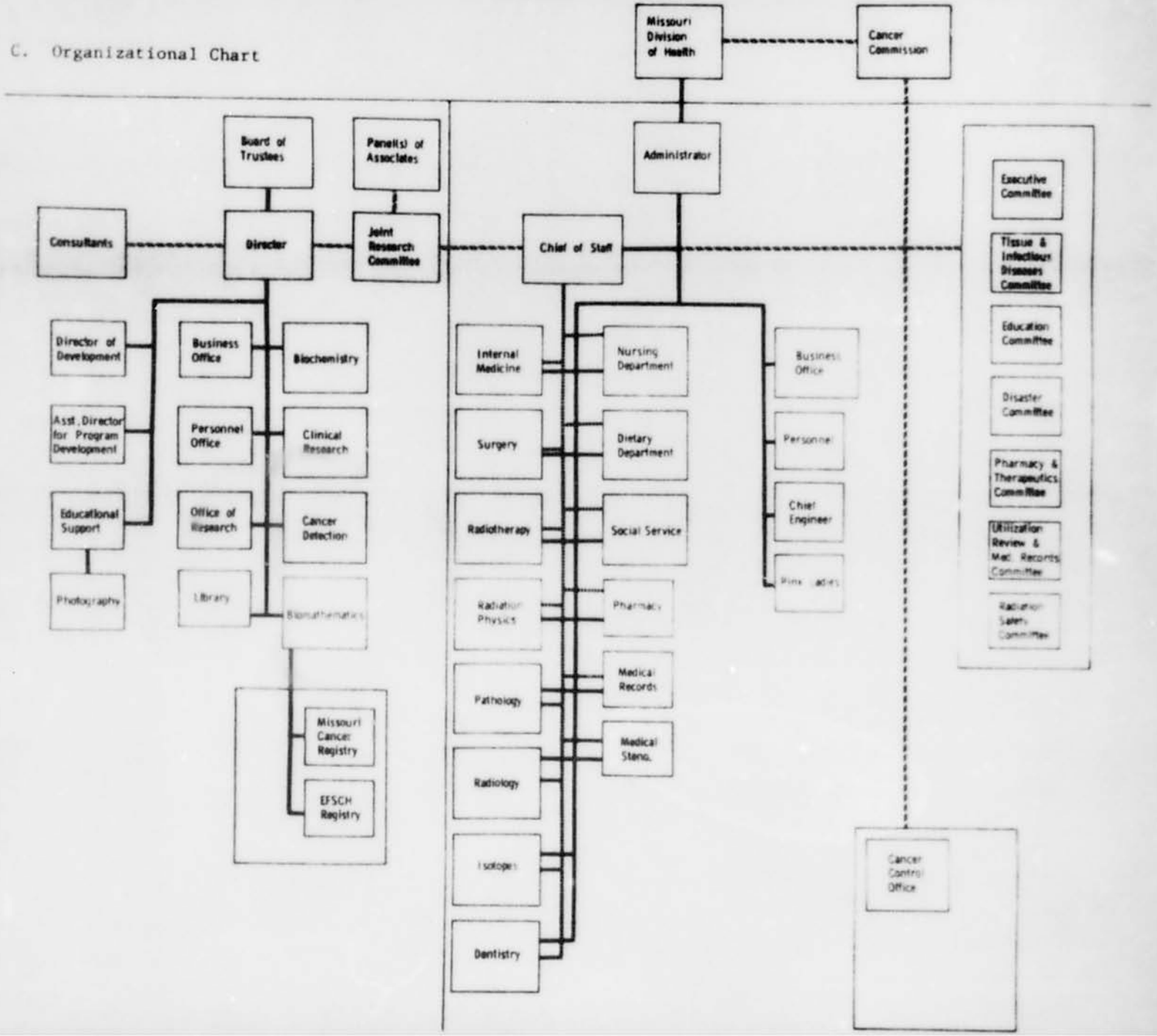
Expansion Program

A summary of the plan for the next 5 years is as follows: CRC will need a behavioral science building and learning center building. The laboratory science building to include a dental research department, is presently being completed.

CRC's present research and development building will be renovated to provide office and storage for central supply and purchasing and an improved research detection unit. CRC must develop a number of central services providing support to the programs currently under way. Certain new departments and sections are necessary. These include central planning and evaluation, adequate funding of a research library, behavioral science unit, expansion of statistical services, addition of an epidemiologist, and regional services. All specific units and sections of CRC have projected their plans to include the most appropriate additions in service, research and education in keeping with planned availability of facilities and support appropriations.

A Regional Maxillofacial Prosthetic Restorative Center will be included in the Cancer Center. Existing regional centers are located on the east and west coasts and there are two in the south. No regional maxillofacial prosthetic restorative centers are operational in the midwest and this would be an ideal location for such a center. The functional and psychological problems of the patient with head and neck cancer have made this rehabilitative service of vital importance. Facilities will provide for three main types of protheses: (1) intra-oral protheses which consist of treatment devices such as obturators and resection appliances; (2) implant prostheses, which are imbedded in bony tissue to provide support for subsequent grafting or to provide continuity of resected sections, such as in partial mandibular resection; (3) extra-oral prostheses which are utilized to replace facial tissue with a removable prosthetic device such as an artificial ear, nose, eye or cheek.

C. Organizational Chart



D. List of Staff

FULL-TIME PROFESSIONAL STAFF

a. Name and titles(s)
b. Tenure status*
c. Clinical and/or research interests

a. A. Barnes, MD: Associate Scientist, CRC; Pathologist, EFSCH; Associate Professor of Pathology, UMSM-C.
b. Permanent employee, EFSCH; No tenure, CRC.
c. Hematopathology.

a. G. Bartling, PhD: Chemist, CRC.
b. No tenure, CRC.
c. Matrix-supported enzymes, chemical methods of protein modification, organometalic chemistry, applications of optical rototary dispersion and circular dichroism.

a. H.D. Brown, PhD: Section chairman, Sr. Scientist, Biochemistry, CRC; Associate Professor of Biochemistry, UMSM-C.
b. No tenure, CRC.
c. Particulate enzymology and biological energetics.

a. W.L. Donegan, MD: Director of Clinical Research Unit, Associate Scientist in Surgery, CRC; Surgeon, EFSCH; Associate Professor in Surgery, UMSM-C.
b. Permanent employee, EFSCH; No tenure, CRC.
c. Cancer of the breast, regional infusion chemotherapy.

a. O.N. Guerra, DDS, MSPH: Sr. Scientist in Dentistry, CRC; Chief of Dentistry, EFSCH; Assistant Professor of Surgery (Prosthodontics), UMSM-C, UMKC Dental School.
b. Permanent employee, EFSCH; No tenure, CRC.
c. Maxillofacial prosthetics, dental complications due to radiation therapy.

a. H. Harris, MD: Assistant Scientist, CRC; Surgeon, EFSCH; Clinical Assistant Professor in Surgery, UMSM-C.
b. Permanent employee, EFSCH; No tenure, CRC.
c. Cancers of the head and neck.

*All appointments in the CRC are made for the duration of programs after a probationary period. None are classified as tenured. All appointments in the EFSCH and the Cancer Control Program are made under the provisions of the Missouri State Merit System supplemented by the academic bylaws of the medical staff and the approval of the Missouri State Cancer Commission.

a. L. Montano, MD: Research Associate, CRC; Internist, EFSCH.
b. Permanent employee, EFSCH; No tenure, CRC.
c. Cancer chemotherapy.

a. C. Perez-Mesa, MD: Chief of Pathology, EFSCH; Sr. Scientist in Pathology, CRC; Professor of Pathology, UMSM-C.
b. Permanent employee, EFSCH; No tenure, CRC.
c. Giant histological sections, cancer of the oral cavity, the breast and urinary bladder.

a. R.P. Pugh, MD: Chief of Internal Medicine, Chief of Clinics, Chief of Staff, EFSCH; Sr. Scientist in Medicine, CRC; Assistant Professor of Medicine, UMSM-C.
b. Permanent employee, EFSCH; No tenure, CRC.
c. Cancer chemotherapy.

a. C. Richter, MD: Chief of Radiation Physics, EFSCH; Assistant Scientist, CRC.
b. Permanent employee, EFSCH; No tenure, CRC.
c Radiation physics dosimetry.

a. G. Ridenhour, MD: Surgeon, EFSCH; Assistant Scientist, CRC; Clinical Assistant Professor of Surgery, UMSM-C.
b. Permanent employee, EFSCH; No tenure, CRC.
c. Solid tumors, rehabilitation.

a. E. Schewe, MD: Surgeon, EFSCH; Assistant Scientist, CRC; Clinical Associate Professor of Surgery, UMSM-C.
b. Permanent employee, EFSCH; No tenure, CRC.
c. Head and neck cancer.

a. J.S. Spratt, Jr., MSPH, MD: Director, CRC; Chief of Surgery, EFSCH; Professor of Surgery, UMSM-C; Coordinator for Cancer Control, State of Missouri.
b. Permanent employee, EFSCH; No tenure, CRC.
c. Oncologic surgery, research administration, natural history of human cancer, the cost-effectiveness of clinical actions and processes in cancer management.

a. J.M. Thomson, MD: Sr. Scientist in Radiotherapy, CRC; Chief of Radiotherapy, EFSCH; Assistant Professor of Radiology, UMSM-C.
b. Permanent employee, EFSCH; No tenure, CRC.
c. Fractionation and dose optimization with carcinoma of the cervix, optimization of treatment both with and without chemical supplement; carcinoma of the oropharynz; study of factors influencing survival of carcinoma of the cervix, particularly state I; study of glioblastoma multiforme in humans; use of Zimmerman ependymoblastoma in evaluation of treatment modalities of malignant gliomas in mice including chemotherapy and neutrons; change of radiation dose with tissue in homogeneities.

a. F.R. Watson, PhD: Section Chairman, Sr. Scientist, Biomathematics, CRC; Associate Professor in Community Health and Medical Practice, UMSM-C; Director, Missouri State Cancer Registry.
b. No tenure, CRC.
c. Mathematical models of medical decision making and biometric methods of analyzing cancer data, Cancer Registry Automation.

a. D. Yourtee, PhD: Chemist, CRC.
b. No tenure, CRC.
c. Medicinal chemistry.

CRC = Cancer Research Center
EFSCH = Ellis Fischel State Cancer Hospital
UMSM-C = University of Missouri School of Medicine-Columbia

E. List of Research and Training Projects

1. Active

General Research Support (FR-05618-08)

Cancer Clinical Research Center (CA-08023-09)

Clinical Cancer Training--Medical (CA-08018-04)

Western Cancer Study Group (CA-06800-11)

Study of Treatment of Primary Breast Cancer-Subcontract (NIH-NCI-G-72-3876, Sub, No. 5)

A Preliminary Study Involving Concomitant Biochemical and Bacteriological Analysis of Oral Fluids in High Incidence Caries Population (RFP-DE-1-5-72-10R)

Ion Transport Biochemistry in Myopathies (07 year)

Matrix Support of Asparaginase (05 year)

Nonaqueous Synthesis of a Matrix-Supported Enzyme (A Preliminary to the Engineering of Enzyme Reactors)

Methotrexate (MTX) Head and Neck Studies (06 year)

Missouri Cancer Registry

Cancer Control Program

Collection of Serum and Urine Samples from Patients for Biological Markers Study (Subcontract to Contract No. NIH 71-2323)

Microcalorimetry for Clinical Chemistry

2. Proposed

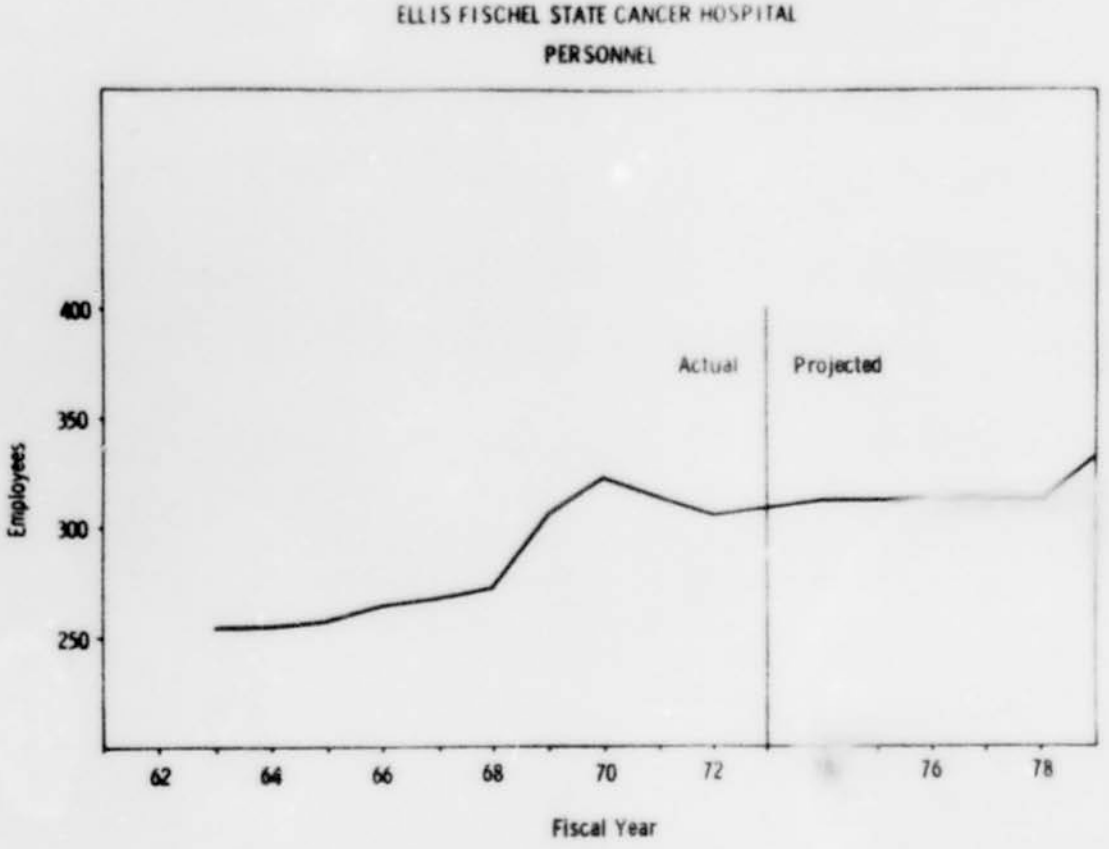
Microsomal Enzymes in Carcinogen Transformation

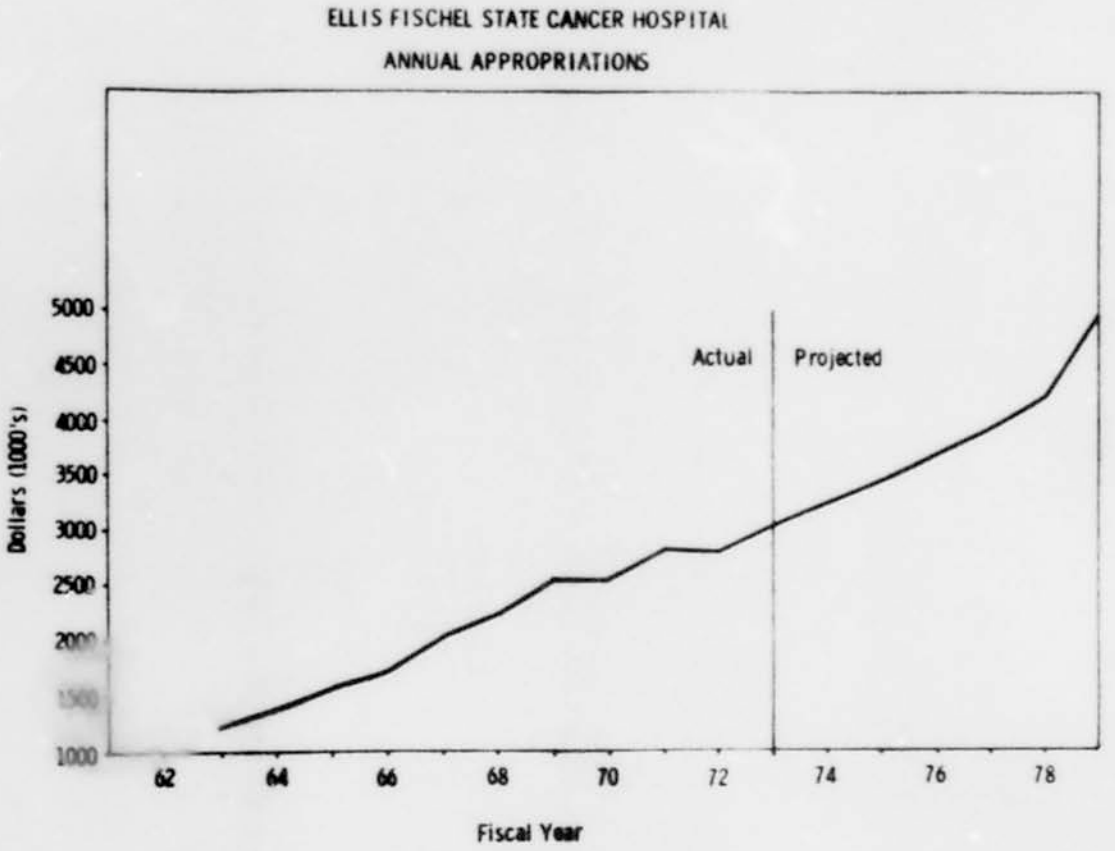
F. Types and Number of Personnel to be Recruited

Personnel to be recruited number 35. The positions to be filled include:

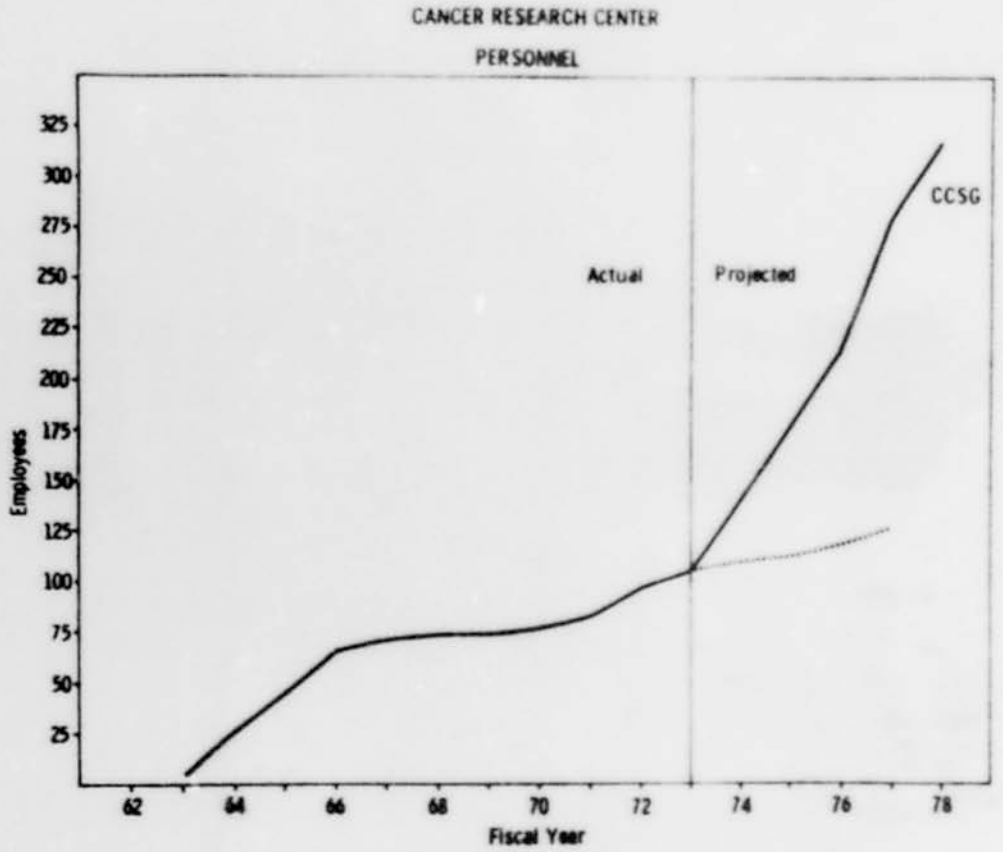
Ph.D. Statistician
Ph.D. Psychologist
Ph.D. Health Educator
Radiobiologist
Immunologist (M.D.)
Ph.D. Immunology Research Associate
Diagnostic Radiologist
Ph.D. Physicist
Physics Research Associate
Clinical Pharmacologist
M.D. Rehabilitation Director
Research Grants Administrator
Community Programs Administrator
Director Planning and Evaluation
Research Laboratory Technicians (8)
(Immunology 2; Internal Medicine 1; Pharmacology 2; Experimental Pathology 1; Cancer Detection 2)
Laboratory Assistants (1)
(Pharmacology 1)
Clerk-Typists (7)
(Biomathematics 2; Radiobiology 1; Immunology 1; Internal Medicine 1; Physics 1; Pharmacology 1)
Medical Coders (5)

This list of positions to be requested on the CCSG application will be subject to continuing modification. The established pattern for our Center is to recruit and equip personnel through NCI grant support. Once these persons have established their service value to the State of Missouri, state merit system positions can often be obtained. Since the first NCI grant was awarded to the Cancer Research Center, the number of state merit system positions on the budget of the Ellis Fischel State Cancer Hospital, Cancer Control, and the Cancer Registry have increased from 257 to 306. (Personnel growth rate charts are provided on the following pages.) Our plan is to continue the creation of state merit system positions for key personnel as the opportunity permits.


ELLIS FISCHEL STATE CANCER HOSPITAL
PERSONNEL
Employees
400
350
300
250
Actual
Projected
62
64
66
68
70
72
76
78
Fiscal Year

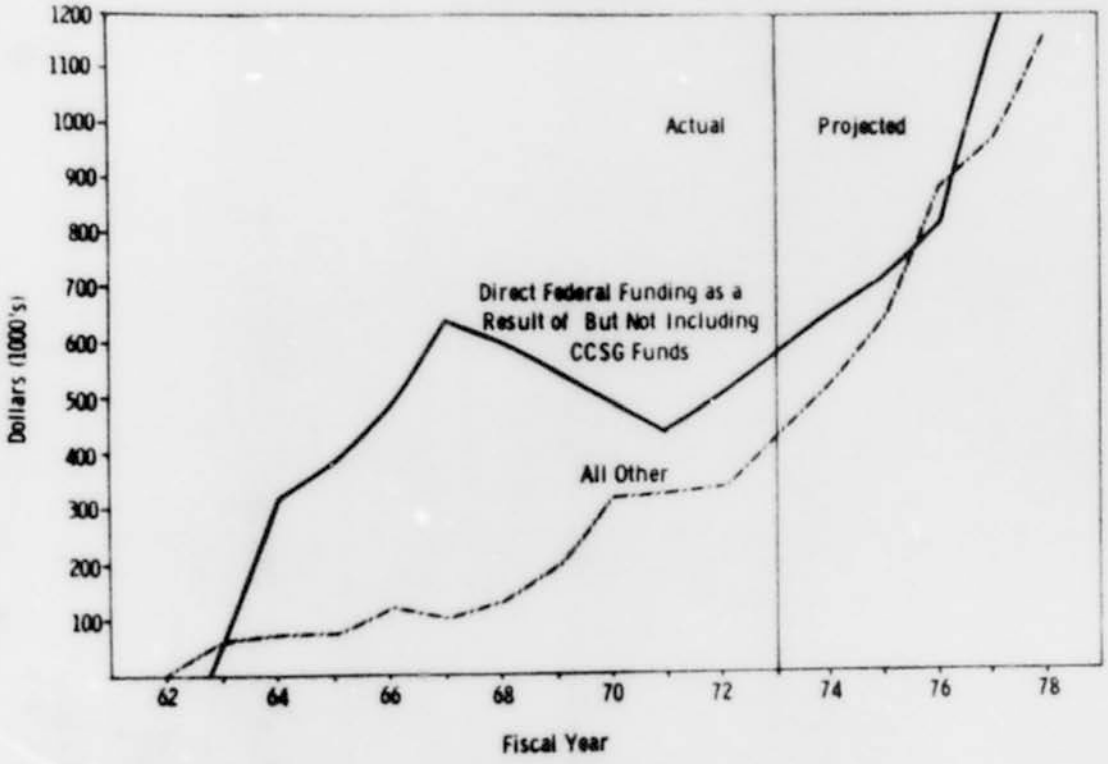


Annual appropriations reflect operations money only. Figures here do not include $7.6 million for construction of the new hospital wing; $999,999 for the purchase of a linear accelerator; and $500,000 to construct facilities to house the accelerator. The figures also do not include the expansion of the state's cancer control program.


CANCER RESEARCH CENTER
PERSONNEL
Employees
325
300
275
250
225
200
175
150
125
100
75
50
25
Actual
Projected
CCSG
62
64
66
68
70
72
74
76
78
Fiscal Year

CANCER RESEARCH CENTER

ANNUAL INCOME



Attachment I
October 8, 1972

TO: The President's Cancer Panel and the National Cancer Advisory Board

FROM: The Cancer Commission of the State of Missouri and the Board of Trustees of the Cancer Research Center, Columbia, Missouri.

JOINT RESOLUTION OF THE CANCER COMMISSION OF THE STATE OF MISSOURI AND THE BOARD OF TRUSTEES OF THE CANCER RESEARCH CENTER, A NONPROFIT MISSOURI CORPORATION, HEREINAFTER DESIGNATED COMMISSION AND TRUSTEES

WHEREAS, the characteristics of Comprehensive National Cancer Research and Demonstration Centers as identified under Section 408A of the National Cancer Act of 1971 have been promulgated, and

WHEREAS, these characteristics have been reviewed by the Commission and Trustees, and

WHEREAS, the facilities, administrative wherewithal and development plans are in existence at the Ellis Fischel State Cancer Hospital and Cancer Research Center under the Commission and Trustees to comply with all the characteristics of a Comprehensive Cancer Center, and

WHEREAS, the Commission has accepted full responsibility for community cancer control in Missouri from the Board of Health giving the cancer center the necessary community outreach in Missouri,

BE IT HEREBY RESOLVED, that the Commission and Trustees concur with the characteristics of the Comprehensive National Cancer Centers, and

BE IT HEREBY RESOLVED, that the Commission and Trustees will foster policies and plans requisite to meet and maintain all the characteristics of a Comprehensive National Cancer Center both independently of and in collaboration with the Panel and National Cancer Advisory Board, and

BE IT FURTHER RESOLVED, that the President's Cancer Panel and National Cancer Advisory Board be requested to designate the Cancer Research Center and Ellis Fischel State Cancer Hospital as a Comprehensive National Cancer Research and Demonstration Center serving the State of Missouri and such other region as the Panel and Board consider necessary within the National Cancer Plan,

BE IT FURTHER RESOLVED, that the Panel and Board be requested to instruct the Director and staff of the National Cancer Institute to keep the Director of the Cancer Research Center, the Coordinator for Cancer Control of the State of Missouri, the Chief of Staff of the Ellis Fischel State Cancer Hospital and the Administrator of the Ellis Fischel State Cancer Hospital fully informed regarding all guidelines and all present and future areas of collaboration and support for Comprehensive National Cancer Research and Demonstration Centers so that these administrators may advise the Commission and Trustees of all necessary actions to maintain a Comprehensive National Cancer Research and Demonstration Center of the highest quality, and

BE IT FURTHER RESOLVED, that Commission and Trustees wish the Panel, National Cancer Advisory Board and staff of the National Cancer Institute success of the Conquest of Cancer Program.

J. G. Probstein, M.D., Chairman
Cancer Commission
State of Missouri

W. C. Whitlow, President
Board of Trustees
Cancer Research Center

W. C. Whitlow, Secretary
Cancer Commission

J. M. (Tom) Allton, Secretary
Board of Trustees

Attachment II

FACILITIES AND RESOURCES FOR RESEARCH

CANCER RESEARCH CENTER
Business Loop 70 and Garth Avenue
Columbia, Missouri

Director
John S. Spratt, Jr., M.S.P.H., M.D., F.A.C.S.

October 1972

OUTLINE

I. INTRODUCTION

The Cancer Research Center (CRC), an educational and scientific nonprofit corporation, was chartered in September, 1963, in Columbia, Missouri. Its facilities are located near the junction of Interstate 70 and Highway 63, approximately in the geographic center of Missouri, on grounds adjacent the Ellis Fischel State Cancer Hospital. The total land area in the Ellis Fischel tract is 40 acres. The CRC is to function as the research and development arm of the Cancer Hospital and to conduct independent research and educational programs. The CRC occupies a 15,000 square foot office and laboratory building, Research and Development Building No. 1 (diagrammed in Appendix II). Research and Development Building No. 2, the Industrial Health Research Unit (diagrammed in Appendix III), was acquired in February, 1971, and is located in the Industrial Park Area of Columbia. CRC maintains a 9-bed cancer clinical research unit on the fifth floor of the EFSCH and laboratories on the eighth floor of the EFSCH.

The Ellis Fischel State Cancer Hospital (EFSCH), the first state cancer hospital west of the Mississippi River and the second such institution in the United States, was officially opened in April, 1940. The hospital, an administrative unit within the Division of Health, depends entirely on appropriations made by the Missouri State Legislature for its operation. The professional policies are established by the Missouri State Cancer Commission. The hospital is approved by the Joint Commission on Accreditation of Hospitals and has provided diagnostic and treatment services to more than 40,000 medically needy residents of the state (Appendix I). Two thousand fifty-three patients were admitted to the hospital and 9,553 patients were examined and treated in the outpatient department in 1971.

Together EFSCH and CRC form a complex which is a center for service, research and teaching in neoplastic diseases. The hospital maintains relevant clinical departments--medicine, pathology, radiology, radiotherapy, surgery, dentistry--and CRC includes biochemistry, biomathematics and dental sections, operations research unit, clinical research unit, and DETECTion Research Clinic. A $10.5 million expansion program will enlarge the EFSCH from its present 104-bed capacity into a 239-bed hospital with a new outpatient clinic and additional clinical departments and 40 rehabilitation beds. This plan has been approved by the Missouri State Cancer Commission, the Section of Hospital and Technical Services of the Missouri Division of Health and by John Paulus, Jr., Director of the Division of Planning and Construction and is awaiting legislative appropriation. The planning is complete to the bid document stage. CRC plans widespread expansion over the next 15 years.

The Cancer Research Center accepted a contract from the Board of Health to plan and make operational a state tumor registry that will relate to the evolving state center for health statistics. The registry will be operated by the biomathematics section of the CRC.

The Board of Health and Cancer Commission jointly agreed that the Cancer Commission would assume responsibility for all cancer control activities in Missouri. Funds have been allocated for the survey of cancer control programs in other states and in Missouri and the planning of a cancer control program for Missouri. Dr. Spratt is serving as acting coordinator for cancer control during this planning period. Headquarters for the cancer control program will be located at the cancer center in Columbia and will give the center in collaboration with the community services of the Division of Health an outreach program which it does not presently possess in a well-coordinated manner.

EFSCH-CRC doctoral level staff members hold joint academic appointments in appropriate departments of the University of Missouri (Appendix VI) and Washington University of St. Louis. This special cooperative arrangement not only enables the staff access through consultation to all clinical and scientific disciplines not ordinarily available in other institutions, but also gives the staff privileges to utilize the more than $141 million physical resources and facilities already existing at the University of Missouri-Columbia. Reciprocally, undergraduate students at the Universities spend regular portions of their curriculum at EFSCH and CRC.

The teaching effort by the staffs of EFSCH and the CRC has been very active and beneficial. Affiliate residency training programs exist with the Medical Centers of Washington University--Barnes Hospital, the University of Missouri, St. Louis University, St. Louis City Hospital, St. Louis County Hospital, St. Luke's Hospital and Jewish Hospital of St. Louis and, intermittently, with other institutions. In addition, all departments of both EFSCH and the CRC participate in the training of graduates and/or medical students from the universities of the State. The EFSCH and the CRC staffs are coordinating with the dental schools a state-wide educational program in the early detection and pathology of oral cavity cancer. The biomathematics department provides statistical consultation and services to clinical investigators at EFSCH and CRC, to various departments at the University of Missouri and to the Association of Missouri Tumor Registry Directors. A Cancer Management and Education Optimization System (CAMEO), which is designed to collect cancer information from regional medical institutions, became operational in July, 1970, within the Cancer Research Center. The professional staff provides several thousand telephone consultations to practicing physicians, sponsors two continuing education programs at the Hospital annually, participates in several speaker's bureaus and runs a very active inservice training program for the employees of EFSCH and CRC.

In recognition of CRC's contribution to public health in Missouri, the CRC staff received the group merit award from the Missouri Public Health Association in 1971. The award statement is included in Appendix IX.

II. CANCER RESEARCH CENTER

1. Board of Trustees

The 13 members of the Board of Trustees are responsible for the management and control of the business and property of the CRC. The trustees and officers may freely make contracts, enter transactions or otherwise act for and on behalf of the corporation. The Board of Trustees may delegate to committees or officers powers as they see fit. The duties of the Board of Trustees include presenting at the annual meeting a record of real and personal property owned by the corporation, the amount of property acquired during the year, the amount expended during the preceding year and the purpose of these expenditures, and the names and addresses of persons admitted to membership during the year.

2. Administrative Offices

a. Director

The Director is appointed by the Board of Trustees to coordinate all research activities at EFSCH and CRC. He has the managerial responsibility for planning, organizing, controlling and directing the Cancer Research Center. He is responsible for setting policy and formulating procedures for the research programs of both EFSCH and CRC. He has the prerogative responsibility for soliciting consultation from the Scientific Advisory Committee of the CRC and other extramural consultants required by specific programs. He provides technical assistance to departments and correlates research activities between departments.

b. Business Office

The office is responsible for accounting, purchasing, budgeting and general fiscal management. The accounting system has been automated. (Monthly payrolls, budget reports, audit and balance sheets are issued by an outside data processing center.) The business manager serves as liaison between the professional staff and outside agencies in all financial matters and provides acceptable business procedures to meet United States Public Health Service standards.

The corporate business is audited annually by Williams, Keepers, Oliver, Payne and Rackers (105 East Ash Street, Columbia, Missouri 65201) in accordance with generally accepted auditing standards and accordingly includes such tests of the accounting records and such auditing procedures as they consider necessary in the circumstances. It is audited every one to three years by the Department of Health, Education and Welfare auditing agency. The last federal audit was made in October, 1970.

c. Personnel Office

The personnel office is responsible for developing, implementing and coordinating personnel policies and procedures. Monthly personnel reports are made to the Director and the Board of Trustees on the activities of the office.

An employee rating report has been developed by the personnel office. The rating system takes particular note of continued effort of employees to advance their personal knowledge through various educational opportunities in part provided by the center and in part obtained on the employee's own initiative. It also provides counselling for enhancing the employees' value to CRC programs and solicits employee evaluation of himself and the CRC.

On all grant applications and contract bids, the personnel office is responsible for supplying salary and fringe benefit projections for the period involved in the grant or contract. A computer program has been written to facilitate the figuring of these projections.

The personnel office is responsible for the CRC Policy and Procedure Manual. It works with staff members in developing new policies and procedures and updating and changing present ones. The personnel section collaborates with the director to do research on, develop, implement and evaluate the effect of policies and procedures on the production of scientists, coordination, communication, efficiency and economy.

d. Office of Research

The office of research integrates the research program of the institution through centralizing records and providing a system of communication between an investigator and the Director of the CRC. This office is responsible for coordinating research policies on an institution-wide basis to fulfill specific requirements pertaining to grants and contracts and to promote and insure a high level of professional conduct. The policies and procedures for research and administration are available separately upon request. This office also maintains a file of current guidelines for various referral, state and local agencies with whom the CRC collaborates; compiles and distributes information regarding research activities, facilities and resources; makes arrangements for site visits; and edits and processes all staff publications, contracts and grant applications.

e. Joint Research Committee

The Joint Research Committee (JRC) is a policy-making and coordinating group which is advisory to the Director of the CRC and the Chief of Staff of the EPSCH. The JRC consists of four members of the EPSCH and CRC professional staffs; two members are appointed annually by the Chief of Staff of EPSCH and two by the

Director of CRC. This committee meets regularly to review research policies and programs. It has the responsibility of maintaining institutional compliance with the requirements of the U.S. Department of Health, Education and Welfare regarding human subjects. The EFSCH and CRC maintain a joint agreement with the DHEW to protect individuals who are at risk as subjects in institutional projects and activities.

f. Scientific Advisory Committee

This committee is composed of 11 extramural nationally renowned oncologists and scientists who review and comment on major institutional grant applications and the CRC profiles on request (Appendix VII).

g. Medical Library

The EFSCH and CRC jointly maintain a library specializing in neoplastic diseases. The library occupies 760 square feet in Research and Development Building No. 1 and houses more than 6,000 volumes including more than 200 current subscriptions to medical journals. The library is staffed by a professional librarian and a fulltime clerk-typist.

In addition to the maintenance and development of the collection, the library provides biobibliographic searches and interlibrary loan services from other collections throughout the country.

3. Cancer Control Planning and Operations Research Unit

This department was formally established in July, 1968. The mission of the department is to maximize the effectiveness of all medical personnel and tools used for the detection, care and follow-up of patients with cancer. It is basically a unit for improving the health care delivery system for cancer patients. The unit is currently surveying the status of all cancer control programs in the various states and in Missouri for the purpose of planning a cancer control program for Missouri as requested by the Missouri State Cancer Commission.

4. Biochemistry Section

This section provides authority in biochemistry and biophysics and is available for consultation and collaboration with other CRC scientists. Chief research activities are in the areas of enzymology, synthetic organic chemistry, bioanalytic methodology, and instrumentation.

This section has laboratories on the eighth floor of the Hospital (approximately 800 square feet of laboratory space, two laboratories), three laboratories (726 square feet) and five office units in the CRC Building No. 1. The laboratories are equipped with high pressure hoods; the pressurization of the air conditioning and ventilation system is practicable for handling toxic and carcinogenic materials. The following specific equipment is available: Cary 15 spectrophotometer, Perkin Elmer 257 infrared spectrophotometer, Sorvall RC-2 refrigerated centrifuge with continuous centrifugation accessories, Beckman fraction collector, (3) ISCo fraction collectors, Precision water bath, Napco water bath, Radiometer pH meter, Mettler balance, Federal Pacific torsion balance, walk-in cold room, freezer, Virtis freeze-dry apparatus, Forma laboratory dishwasher, Varian aerograph dual-column gas chromatograph, Thomas Van Slyke apparatus, Gelman electrophoresis equipment, circulating drying oven, Aminco Warburg apparatus, two Precision ovens, Buechler flash evaporator, Chromotography tanks, Welch high vacuum pump, Branson sonic generator and accessories, Aminco Kjeldahl apparatus, Barnstead autoclave and Warner-Chilcott electrophoresis cell, DB-G spectrophotometer, Bausch and Lomb microscope and cameras, Amsco still deionizer (commercial capacity), Westronics dual channel serva recorder with integrator, L & N model G recorder. Unique four-element (double-dual) and three-element (multiplexed) reaction microcalorimeters are in operation in the laboratory.

5. Microbiology Section

This microbiology section provides support to clinicians in the prevention and management of microbiologic complications of neoplasia. In addition to collaboration with other departments, basic research concerning the role of microorganisms in the etiology and therapy of cancer is conducted. Current areas of study include improvement of methods for recovery of bacteria from clinical material. Certain tumors excised during surgery are being maintained in tissue and cell cultures. A grant from the National Institute for Dental Research enables study of the changes in oral microflora of patients undergoing head and neck irradiation. Proposed research will evaluate the role of diet and bacterial feeding in reducing septic complications of neoplasia.

This section occupies approximately 600 square feet of laboratory and office space on the seventh and eighth floors of EPSCH. Equipment includes carbon dioxide and bacteriologic incubators, anaerobic chamber, refrigerator-freezer, bacteriologic transfer hoods, Seitz filter system, Hungate apparatus, Phase contrast and fluorescent microscopes, water baths, centrifuge, pH meter, gas-liquid chromatograph, drying oven, autoclave and other routine microbiologic supplies in addition to equipment available in the adjacent biochemistry laboratory.

6. Biomathematics Section

In addition to providing both intra and extramural statistical consultations, conducting research and developing newer methods of statistical analyses, this section has the long-range objective of automating all hospital records and designing programs for systematic recording of future clinical data. Presently, this section has three primary service functions: (1) to help investigators develop research methodology, (2) to aid in the collection of data, (3) to perform statistical analyses of the data.

The CRC is presently using the computers at the University of Missouri: an IBM 360 Model 50 and the IBM Model 65. These machines are of sufficient size to handle complex problems. Located on the CRC premises are four IBM 2260 inquiry stations, an IBM 1050 telecommunication unit and other ancillary computer equipment (card punches, reproducers and sorters) to handle data locally. The biomathematics section also provides operational consultation on two electric programmable calculators (360 and 362 Wang) which are in operation within the CRC for limited statistical analyses. An IBM 2741 machine is available to clerical and computer personnel and operates with ATS, CPS and APL conversational systems.

7. Dental Section

This section provides research facilities for dental problems related to the treatment and rehabilitation of cancer patients. Research capabilities will extend to improvement and development of new synthetic materials for rehabilitation of patients who have undergone disfiguring surgical head and neck procedures. Facilities will also include capabilities to research and develop new materials and techniques for reconstruction of resected mandibles. Ongoing research consists of the three-year study of the biochemical and microbiological changes undergone by saliva of patients who have been irradiated to the head and neck area. This research study is supported through the National Institutes of Health and the National Institute of Dental Research.

8. Clinical Research Unit

The clinical research unit (CRU), a nine-bed nursing unit located on the west end of the fifth floor of EFSCH, exists for the purpose of providing a flexible, multidisciplinary setting for clinical application of new scientific knowledge. On this research ward an industrious nursing staff and staff investigators work with patient volunteers to explore the potential of chemotherapy and resective surgery for treatment of cancer in various regions of the body.

The facility consists of eleven rooms, a kitchen, nurses' station, solarium, bath area, and storeroom. Numerous items of special equipment are used within the unit; these include a hypothermia unit, a Stryker circular electric bed/a Hydro-Float mattress, a crib for young patients, fiberoptic endoscopy equipment, orthopedic equipment, and an emergency cart containing a cardiac defibrillator, EKG and pacemaker. Continuous monitoring of vital signs is performed through Sanform "780" central monitoring units. By this means, vital signs are relayed to a central panel at the nurses' station for instantaneous viewing and recording.

9. DETECTion Research Clinic

This facility occupies 1,100 square feet in Research and Development Building No. 1. This clinic consists of seven rooms including a reception waiting room and nurses' station, two examining rooms, consultation office, lavatory, laboratory, and radiology room which houses a mammography unit as well as standard x-ray equipment. The clinic is capable of screening 20 to 40 patients a day.

The DETECT clinic is designed to provide (1) mass screening for the early detection of cancer, (2) a means to study and evaluate new methods of cancer detection (such as computerized history taking), (3) specialized biochemical testing and mammography, and (4) facilities for outpatient clinical research.

10. Industrial Health Research Unit

This facility, Research and Development Building No. 2, occupies a 3,200 square foot building in the Industrial Park area of Columbia. Eleven hundred fifty square feet are fully equipped as chemical analytical laboratories which supplement and complement the other holdings of the Institution and are operated as an integral part of the research laboratory program. The remaining space is being equipped as a clinical pharmacology medical assessment resource. These laboratories are instrumented as follows: Perkin Elmer 403 atomic absorption spectrometer equipped for lithium, molybdenum, silicon, titanium, CR-Co-Cu-Mn-Ni, Ca-Mg-Zn, Te-Se, cesium, mercury, potassium, sodium, rubidium, magnesium, cadmium, tungsten, arsenic, selenium and with typewriter interface and teletype output; Perkin Elmer recorder; Tracerlab Auto Scaler; Juno radiation monitors; Dec-O-Gram balance; International 416 centrifuge; Thelco Model 17 oven; incubating water bath; Mettler H-16 balance; Ohaus balance; Thermolyne 1500 muffle furnance; Kontes WS-2 still; Corning-12 pH meter; (2) Clay Adams centrifuges, and various minor laboratory appliances.

III. ELLIS FISCHEL STATE CANCER HOSPITAL

1. Administrative Offices

Since the hospital opened in 1940, it has always operated near full occupancy with large outpatient clinics. Under the direction of a full-time chief of staff and administrator, the hospital has over 300 full-time employees. The administrative services include the following offices: personnel, social service, medical records, maintenance, dietary, pharmacy, photography, library, medical steno and health education. The hospital is especially proud of its comprehensive follow-up program, coordinated through the social service department. This follow-up resource has made possible many detailed studies on the natural history of human cancer.

2. Educational Support Unit

This section coordinates educational activities for patients, employees, health professionals and the public. The philosophy is that a comprehensive educational program is the most economical and efficient way to provide consistently high-quality care, making the best possible use of existing resources. Policies for this unit, which is supported by both CRC and EFSCH, are set by a joint education committee. Personnel involved in this work include a community relations director/health educator (directly responsible to the CRC director and the EFSCH administrator) who supervises a health educator, two photographers, two clerk-typists and graduate students in health education taking field training at CRC.

This section coordinates use of CRC and EFSCH conference rooms and audiovisual equipment. A weekly Central Schedule lists planned activities within both institutions.

Available audiovisual equipment includes: 16mm film projectors, Super 8mm cartridge film projector, 35mm (2" x 2") slide projectors, an overhead transparency projector, an opaque projector, filmstrip projectors, portable projection screens and a reel-to-reel tape recorder.

Photography facilities consist of a studio on the fifth floor of EFSCH with an adjoining darkroom. Photographic capabilities include: 35mm slides in black-and-white and color (including diazo), black-and-white and color prints (35mm, 4" x 5" and Polaroid), copy work, operating room photography and specimen microphotography. Artwork which can be provided includes charts, graphs, line drawings, lettering, posters, brochures and displays.

3. Nursing Service

The nursing service employs as many as 127 nursing personnel. In addition to administering comprehensive, high quality nursing care, they also provide specialized service in the operating suite, recovery room, central supply and outpatient clinics. There is an active inservice training program, and frequent continuing education programs are held in nursing care techniques upon request for various groups. The nursing staff also conducts independent research in the interest of improving nursing care for the cancer patients.

4. Medicine Department

This department provides direct care and consultation services for general medical and chemotherapeutic problems of clinic and hospitalized patients. It is a member of the Western Cancer Study Group and is actively involved in clinical research including the testing of new chemotherapeutic agents, the design and implementation of multiple drug problems, and the study of hematologic and other abnormalities in patients with malignancies.

The department of medicine has its own speciality laboratory occupying a 15 x 24 foot room on the seventh floor of EPSCH. Equipment includes: Model F Coulter Counter, PR-6 refrigerated centrifuge, three light microscopes, one phase microscope, assorted smaller centrifuges, immunoelectrophoretic apparatus, a recording densitometer, a Coleman-Junior spectrophotometer, various types of balances, including a Mettler balance accurate to 0.00001 gms., small water baths and an incubator. This laboratory has the capacity for special hematologic examinations including bone marrow examinations, special stains, special biochemical tests, the collection of samples for patients on clinical studies, and the preparation of platelet rich plasma and platelet concentrates.

5. Pathology Department

This department is responsible for examination of all tissues removed in surgery, outpatient clinics, and all cytological examinations. Chief research activities include the study of patterns of tumor spread within the affected and/or related organs; correlation of clinico-pathological parameters of neoplasm with the modalities of therapy; evaluation of automated methods of early diagnosis; participation in multidisciplinary investigative efforts in comparative tumor pathology.

(Addendum)

Radiation Physics Department

The department of radiation physics provides technical support to the clinical departments through service, applied research and education. Service functions include measurements and calculations in fulfillment of the dose prescribed for individuals undergoing radiation therapy; consultation on the administration of radioisotopes, counting and scanning the resultant distributions of radioactivity in patients in nuclear medicine; and radiation safety office for the hospital, including receipt and disposal of radioisotopes and compliance with U. S. Atomic Energy Commission and Missouri radiation regulations. Applied research, either originating in the clinical departments or designed for their use, comprises the research effort. The department conducts training programs in radiation physics for physicians and technicians training in radiotherapy, nuclear medicine and diagnostic radiology.

A PC-12 radiotherapy treatment planning computer is used to measure and generate dose distribution data from the therapy machines, and it optimizes the dose distributions for individual treatment plans. The department also uses an Alderson phantom along with film and thermoluminescent dosimeters to estimate dose distributions under treatment conditions. Ionization chambers are used to calibrate all therapy machines, and portable ionization chambers and geiger counters are used to measure external radiation and radioactive contamination in occupied areas.

The addition of a 35 MeV linear accelerator for high-energy photon and electron therapy is in the planning stage. This department is preparing specifications for the accelerator, its room, and all associated equipment and personnel.

The pathology department consists of three sections: (1) clinical laboratory, (2) cytology section, (3) surgical pathology. The pre- and postoperative laboratory procedures and diagnostic tests averaged over 12,000 per month. The surgical pathology laboratories have many special pieces of equipment (Cryostat, standard microscopes, fat dissolvent set-up for dissection of lymph nodes) for the study of gross, microscopic, quick frozen tissues and giant histological sections.

6. Radiology Department

The diagnostic radiology and nuclear medicine department has carried out all of the standard radiological tests, arteriograms, organ scans, and isotopic procedures for EFSCH and the CRU. The department has two modern Picker X-ray machines with television monitor set-up, processing unit, a portable unit, and fixed equipment in a cystoscopy room. The radioisotope room has a five-inch magnascanner with an Adams-Jaffe Polaroid color attachment, a dual renal-uptake and recording system, and a separate well-counting system. The nuclear medicine department has staff who are specially trained and certified with licenses to perform all current clinical diagnostic isotopic procedures and to use therapeutically ^{131}I, ^{32}P and ^{198}AU.

7. Radiotherapy Department

The radiotherapy department is involved in patient care--both in the department and on the wards, physician training and research. The staff includes a radiotherapist, radiation physicist, radiobiologist, technicians and clerical help. The department has attended 500 new cases and given approximately 150 radium procedures and 12,000 treatments per year. A radiotherapy technician training program was begun in 1969. A two-month course for registered nurses in radiotherapy procedures and patient care is given. These two programs are in collaboration with the Bi-State Regional Medical Program. The department participates in the training of the general radiologist and has a program for straight radiotherapy training. Through affiliated or integrated relationships with Missouri University, elective fourth year experiences in radiation therapy are also offered. One fellowship in radiotherapy is available through sponsorship of the National Cancer Institute. A one-month rotation of surgical residents in radiotherapy is also offered.

In addition to hospital facilities (with an average daily census of 36 patients on the radiotherapy service), the department has 2,000 square feet. A new Theratron 80, rotating telecobalt unit was installed and the source of a C-3000 Picker stationary equipment replaced in 1968 with a 5000 curie source. The old deep therapy unit was replaced in 1967. All therapy rooms have been updated with television monitors.

This department is an active participant in national cooperative clinical studies.

8. Surgery Department

Approximately 97 per cent of all hospital admissions in 1971 were to the surgical service. During 1971 a total of 1,423 surgical operations were performed, 882 classified as major and 541 classified as minor. Approximately 9,553 surgical outpatients were seen during the year and 985 minor operations were carried out in the outpatient clinic.

The surgery department maintains three functions: (1) the application of contemporary therapeutic (surgical) modalities to treat cancer--the "service" role; (2) the accumulation and analysis of clinical data to correlate the clinicopathological-therapeutic variables with the natural history of human cancer with the intent of making maximum use of surgical technology to minimize the morbidity, mortality and cost of human cancer, and to develop and test new methodology through prospective clinical trials--the "scientific" role; and (3) the direct training of surgical residents and medical students and the continued education of the medical community as a whole through publications, lectures, and participation in continuing educational efforts--the "education" role. The department members have been actively involved in planning training programs for operating room technicians. These are presently being offered on an affiliated basis by the operating room nursing staff in conjunction with the Columbia Public School System. They have also contributed to planning inservice training for all classes of hospital employees. A major departmental educational effort has also been directed toward making the education of pre- and postoperative surgical patients more systematic. In the latter effort the surgery staff is working closely with the educational support unit to develop effective educational approaches for all categories of surgical patients and their families. The purposes of these approaches will be to improve patient understanding of his disease, its treatment and its follow-up. The educational approaches will be designed to be effective and efficient and to reduce the amount of costly physician and nurse time spent in patient education and instruction. They will also be designed to instruct and motivate patients and families to participate maximally in self care and rehabilitation.

9. Dental Department

The dental department works in close cooperation with the departments of surgery, radiotherapy and social service to provide valuable prosthetic treatment, reconstruction and rehabilitation to the head and neck cancer patient. The functional and psychological problems of the patient with head and neck cancer have made this rehabilitative service of vital importance. Facilities provide for three main types of prostheses to fulfill these objectives: (1) intra-oral prostheses which consists of treatment devices such as obturators and resection appliances; (2) implant prostheses, which are imbedded

in bony tissue to provide support for subsequent grafting or to provide continuity of resected sections, such as in partial mandibular resection; (3) extra-oral prostheses which are utilized to replace facial tissue with a removable prosthetic device such as an artificial ear, nose, eye or cheek. Other auxiliary services provide for the management of the dental complications due to irradiation therapy and ongoing research projects for improving the efficacy of dental services. Auxiliary personnel include a specialized dental technician and a dental assistant.

IV. RESOURCES AT UNIVERSITY OF MISSOURI-COLUMBIA

1. University of Missouri-Columbia Medical Center

The University of Missouri-Columbia Medical Center, opened in 1956, is a teaching, research and patient care facility located three miles from EFSCH and CRC. Three major buildings are joined under one roof.

Important facilities include a complete library (which has over 70,000 volumes and receives 1,500 journals currently), a large medical computer center, a research animal laboratory and a closed-circuit television network for educational purposes.

2. Experimental Animal Facility

The experimental animal facilities of the University Medical Center are organized in the department of laboratory animal medicine. The physical facility consists of a centralized animal holding facility with 11,445 square feet. In addition, there is a canine conditioning facility of 11,294 square feet which provides a source of conditioned dogs, cats and nonhuman primates for the entire University of Missouri-Columbia campus. This facility has a clinical pathology laboratory, cage sanitation facilities and space provided for germ-free and domestic animals. The department is capable of housing all of the commonly used experimental animals. Husbandry routines include periodic sanitation of animal cages in a Metal Wash brand cage and rack washer. The service of routine care of the animals, usage of the operating room and a specially trained technician's time are cost accounted to individual investigators by per diem charges.

A modestly equipped clinical pathology laboratory is staffed by a technician and supervised by the professional staff. The laboratory is capable of processing routine hematology and parasitology. The University has a University-wide laboratory animal diagnostic laboratory with a full-time veterinary pathologist and additional virologist, microbiologist and supporting staff. This laboratory is available to the Medical Center and is used extensively in monitoring the quality of colonies within the facility.

The director of the department is a diplomate of the Animal College of Laboratory Animal Medicine. Two postgraduate veterinarians are also available on a part-time basis. The professional staff is responsible for the day-to-day health status of the colonies, administers to sick animals, and is available to investigators for professional veterinary consultation.

In addition, the School of Veterinary Medicine has a 90-acre farm, located within a ten-minute drive, with equipment for germ-free animal experiments. Housing for small laboratory animals and holding areas for large domestic animals used in research are available in several buildings including a large barn. Another 560-acre Sinclair Comparative Medicine Research Farm is located four miles southwest and is unlike any other in the world. The EFSCH and CRC supported University acquisition of this facility for joint use. Separate, decentralized units house many species of domestic animals for their entire life spans. A miniature swine herd (some with spontaneous melanoma), rhesus monkey colony and hemophilic swine herd are presently maintained at the farm. The animal facilities are available to the EFSCH-CRC staffs on a fee-for-keep basis. The Medical Center is in the process of preparing an assurance document in compliance with NIH regulations for the use and care of animals in NIH-supported activities.

3. The Radiation Safety Office

The University has a health physics office which is responsible for the collection, storage and ultimate disposal of laboratory wastes contaminated with radioactive material. They provide a service for the authorized users of radioactive materials and provide single-point control of contamination. The agent for the committee in the execution of this responsibility is the radiation safety officer. The Committee maintains a radioactive waste disposal service (whether disposed by storage, incineration, burial or by shipment to a commercial facility) for investigators in Columbia. This service will be provided without charge if there are no direct costs incurred by the University.

Experiments involving the use and disposal of radioactive materials at EFSCH and CRC are first coordinated with the institutional radiation safety officer who has a close working arrangement with the University radiation safety officer.

4. Computing Facilities

The CRC uses two University computer centers. For all production work or other large volumn jobs, the IBM 360 Model 65 is employed. This equipment is located in the Math Science Building. A private tape library is maintained at this center for CRC. This facility provides 24-hour turn-around time for large batch jobs and 2- to 4-hour turn-around time on small jobs.

The CRC owns four IBM 2260 cathode ray terminals. These are connected to the IBM 360 Model 50 at the Medical Center Computer Center. These terminals operate in a remote mode via ordinary leased telephone lines. The Baylor operating system supports these terminals which are functional from 9 a.m. to 9 p.m. on week days. Further, one may write, compile and execute programs from the terminal in a conversational mode.

The CRC writes nearly all of the programs it uses for this unit. These programs are written in FORTRAN to assure facility in conversion to a new system when necessary and to allow interchangeability of the two computers when necessary.

Ancillary computer equipment, such as teletypes, IBM 2741 are also available.

5. Other Special Facilities and Services

The University has numerous facilities and services which render support to the biological, physical and social sciences. These include (1) the research nuclear reactor and supporting facilities; (2) the Space Science Research Center, which engages in multi-disciplinary research with support from the National Aeronautics and Space Administration; (3) the Computer Center; (4) the Center for Social Research; (5) the Agricultural Experiment Station; (6) the Engineering Experiment Station; (7) Isotope Services and a Low Level Radiation Laboratory; (8) a Science Instrument Shop, Electronics Service Instrument Laboratory, and Glassblowing Services.

V. RESOURCES OF THE REGIONAL MEDICAL PROGRAM

1. Missouri Regional Medical Program

In 1967, the Missouri Regional Medical Program (MRMP) for heart disease, cancer and stroke became operational. The University of Missouri is the fiscal agent and the annual operational budget has amounted to more than four million dollars. One of the funded projects was a planning grant to CRC for a Cancer Management and Education Optimization System (CAMEO). The emphasis of the system is upon design and analysis of medical decisions regarding cancer diagnosis and treatment with a view toward developing the best possible decisions employing the largest data base feasible. The planning stage was completed and a new grant application was submitted and funded; it became operational in July, 1970, and is housed in CRC.

In addition to professional expertise representing various phases of the health delivery system, health planners, statisticians, bioengineers, and others, there are many special demonstrational facilities available among the MRMP operational projects. These include the health pamphlets of the "Communication Research Project," Telelecture and Dialecture for continuing education, and cartridge, microfiche and computer-stored current medical literatures in the "Fact Bank Project."

2. Bi-State Regional Medical Program

The Bi-State and Missouri Regional Medical Program overlap geographically and functionally. EFSCH and CRC relate to both regions. Consequently, they have the benefit of the resources in both operations. The staffs are currently collaborating with a Bi-State program for radiation dosimetry and radiation technician training.

APPENDIX I

STATISTICS (CLASSIFIED BY SYSTEMS) OF PATIENTS SEEN AT EFSCH

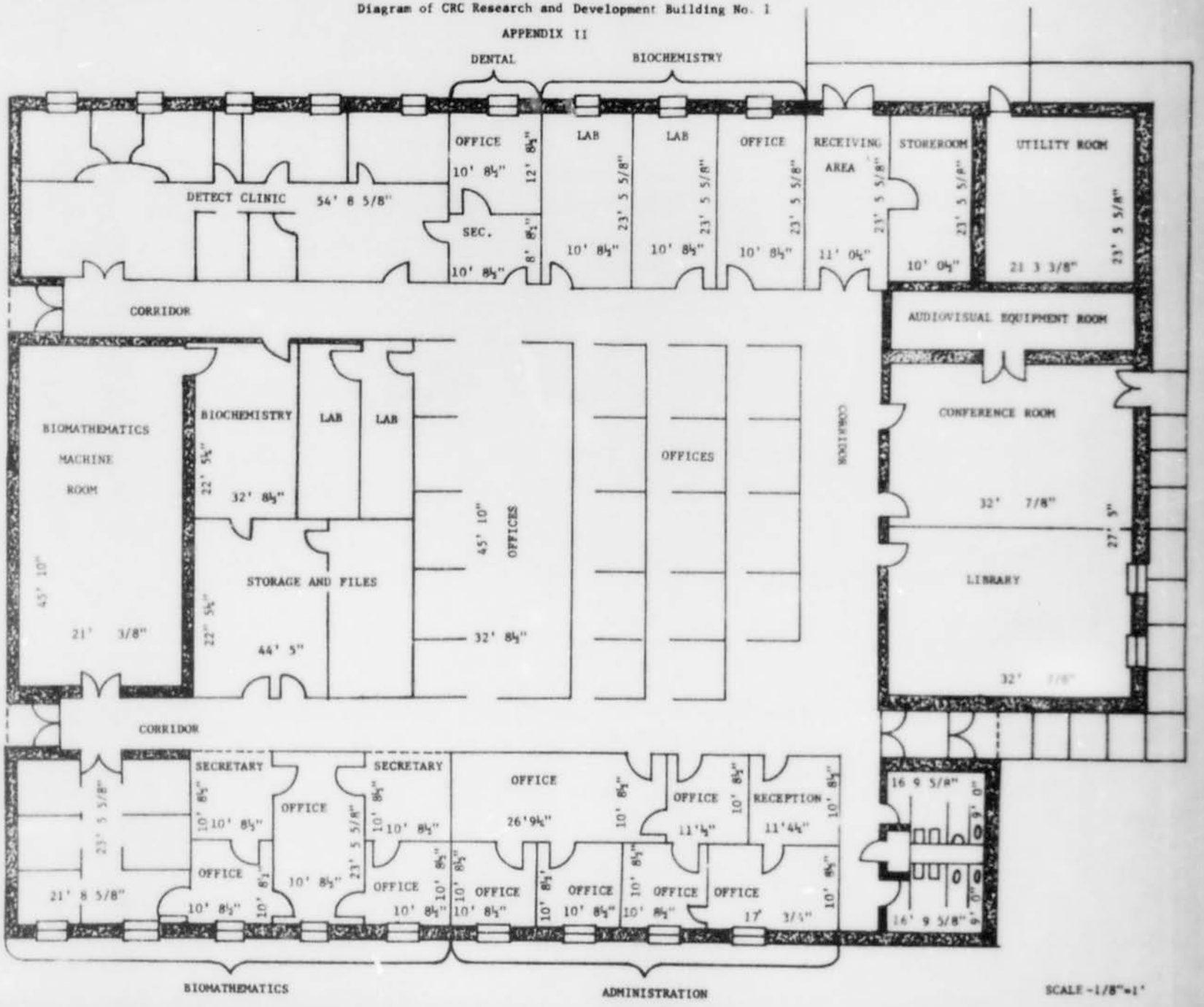
(1940 - 1971)

	SNOP CODE	BENIGN	MALIGNANT	COMBINED
Skin	T 01--,02			
Scalp	0201			
Face	0205			
Lip	0208			
Nose	0214			
Neck	0224			
Trunk	0251			
Eyelid	XX81, 0211			
Ear	XY--, 0221			
Subtotal		8,257	16,076	24,333
Breast	0400	2,033	3,301	5,334
Blood-forming	05--	1,453	1,115	2,568
Musculo-skeletal	11--	1,031	141	1,172
Soft Tissue	19--, 03--	1,049	316	1,365
Respiratory	2---	2,787	1,777	4,564
Cardio-vascular	3---, 4---			4,168
Oral Cavity	51--	1,078	1,234	2,312
Lip and Bucca	52--	860	1,299	2,159
Salivary Gland	55--	144	231	375
Digestive System				
Accessory	56--, 59--		289	
Upper	62--, 65--		869	
Lower	66--, 69--		2,229	
Subtotal		10,413	3,387	13,800
Urinary System	71--, 75--	2,358	774	3,132
Male Genitalia	76--, 79--	1,649	1,098	2,747
Female Organs				
Female genitalia	8000, 8200	6,071	277	
Cervix uteri	8300		2,899	
Endometrium	8400		775	
Ovary	8700	665	408	1,073
Subtotal		6,736	4,359	11,095

	SNOP CODE	BENIGN	MALIGNANT	COMBINED
Endocrine	9---	1,788	109	1,897
Special Sense	XY--, XX--	260	78	338
Nervous System	X---	461	30	491
Primary not specified		1,090	986	2,076
Secondary Neoplasm (recurrent metastases)			3,852	3,852
Complications				
Due to neoplasm				1,460
Due to therapy				3,231
TOTAL		50,183	43,550	93,542

Diagram of CRC Research and Development Building No. 1

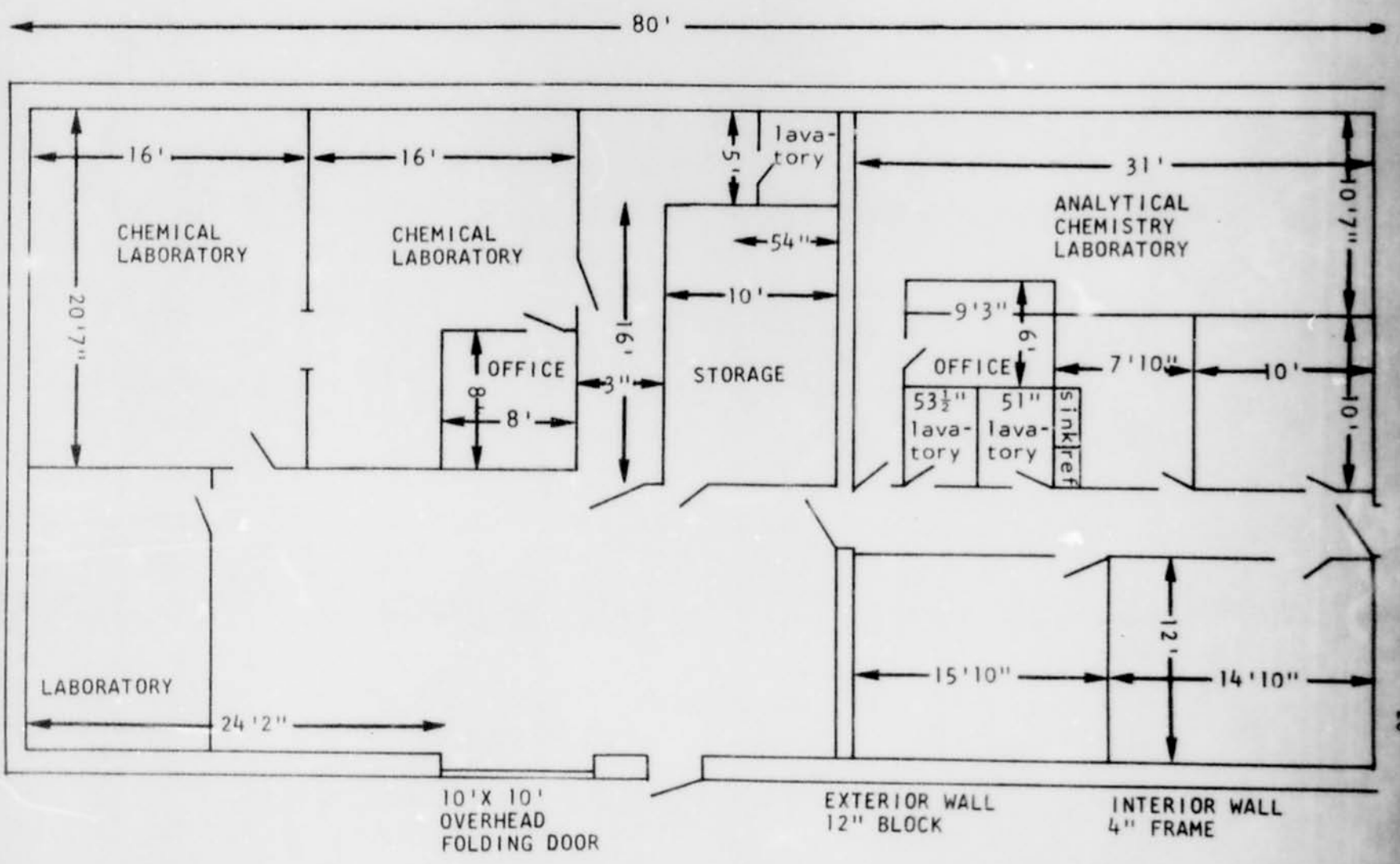
APPENDIX II



SCALE - 1/8"=1'

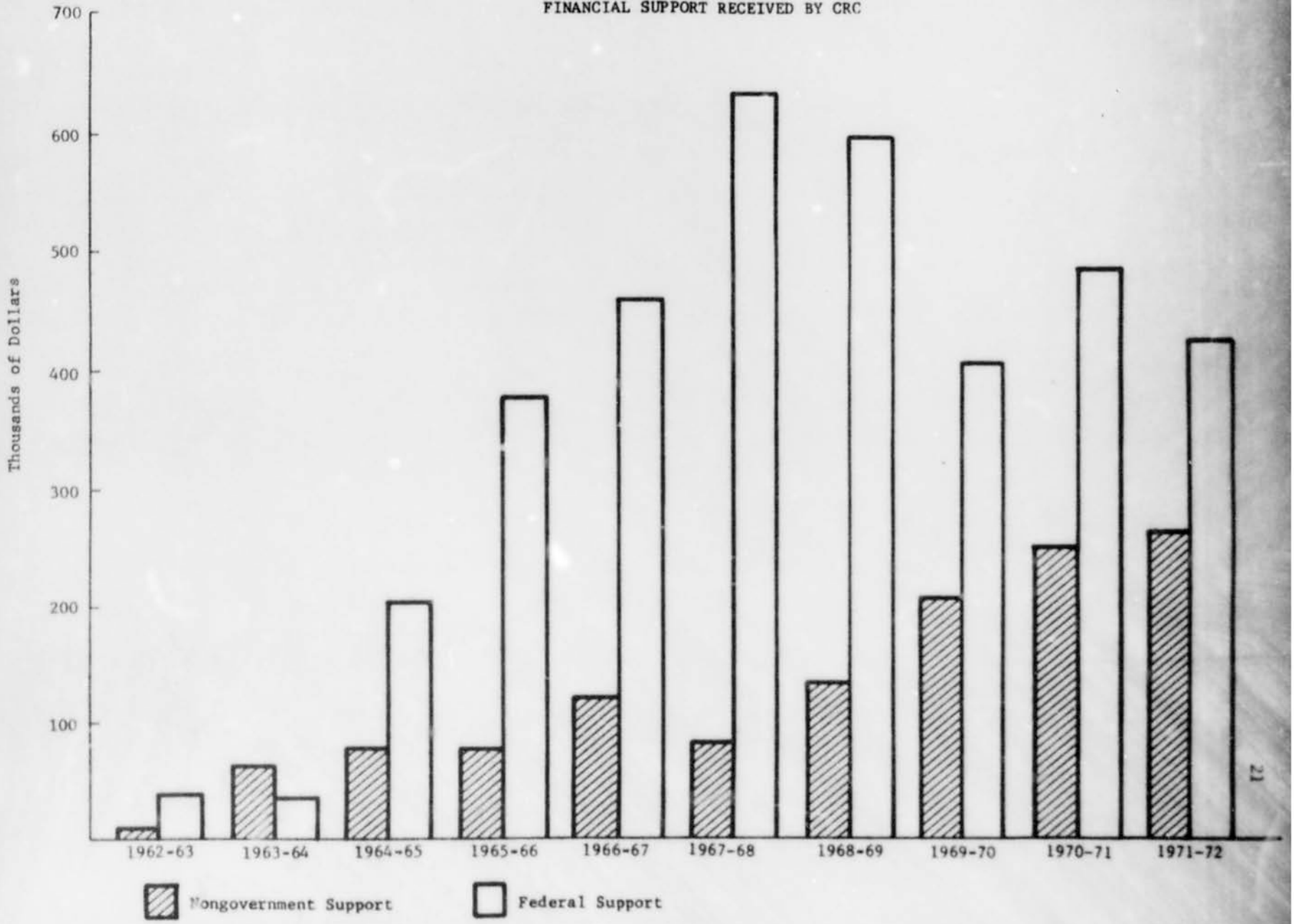
Diagram of CRC Research and Development Building No. 2

APPENDIX III

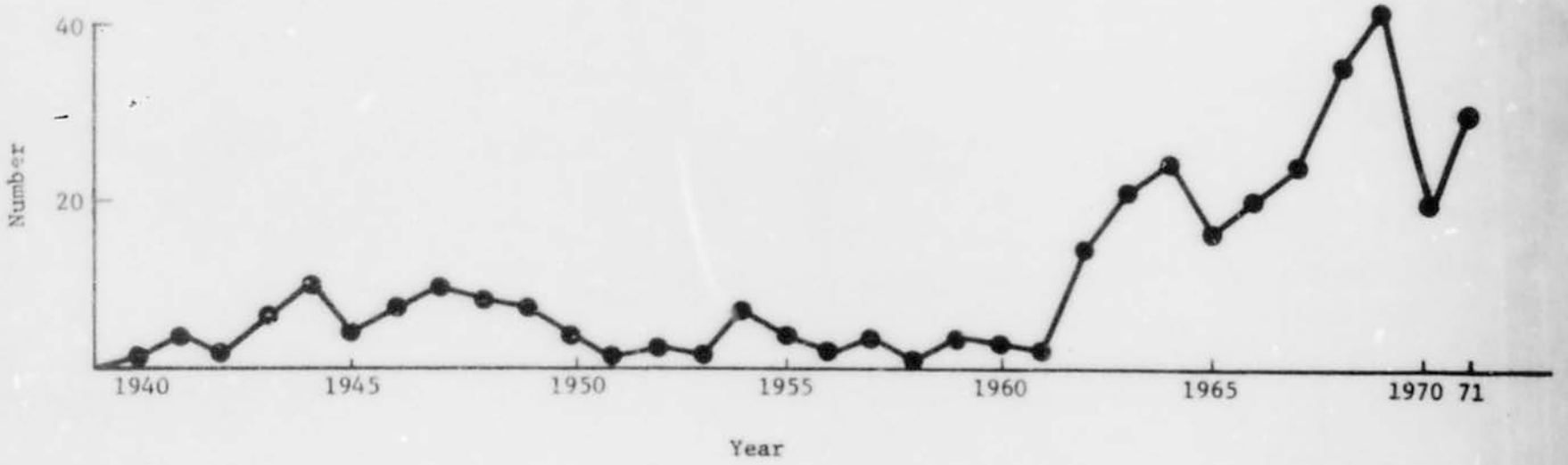


APPENDIX IV

FINANCIAL SUPPORT RECEIVED BY CRC



APPENDIX V
EFSCH-CRC STAFF PUBLICATIONS



APPENDIX VI

EFSCH-CRC STAFF MEMBERS
WHO HOLD UNIVERSITY OF MISSOURI APPOINTMENTS

Biochemistry
Harry D. Brown, Ph.D. - Associate Professor of Biochemistry

Biomathematics
Francis R. Watson, Ph.D. - Associate Professor of Community Health and Medical Practice
Associate Director of the University of Missouri Medical Center Computer Center

Medicine
Reginald P. Pugh, M.D. - Assistant Professor of Medicine

Pathology
Carlos Perez-Mesa, M.D. - Clinical Associate Professor of Pathology
Jose M. Hori, M.D. - Assistant Professor of Pathology

Radiology
Charles Waggoner, M.D. - Clinical Associate Professor of Radiology
George Wilson, M.D. - Clinical Assistant Professor of Radiology

Surgery
John S. Spratt, Jr., M.D. - Professor of Surgery
William L. Donegan, M.D. - Associate Professor of Surgery
Hugh S. Harris, M.D. - Assistant Professor of Surgery
Yeu-Tsu N. Lee, M.D. - Assistant Professor of Surgery
Robert L. Glass, M.D. - Assistant Professor of Surgery

Nuclear Engineering
Alexander P. Turner, Ph.D., Assistant Professor of Nuclear Engineering

APPENDIX VII

SCIENTIFIC ADVISORY COMMITTEE OF THE CANCER RESEARCH CENTER

Name	Specialty
Lauren V. Ackerman, M.D. Professor of Pathology and Surgical Pathology Washington University School of Medicine	Pathology
Walter F. Ballinger II, M.D. Bixby Professor of Surgery Washington University School of Medicine	Surgery
Joseph A. Buckwalter, M.D. Director of Surgery Dorothea Dix Hospital	Surgery
R. Lee Clark, M.D., President The University of Texas-Houston M.D. Anderson Hospital & Tumor Institute	Surgery and Administration
Juan A. del Regato, M.D., Director Penrose Cancer Hospital	Radiotherapy
Marion S. DeWeese, M.D. Professor and Chairman Department of Surgery University of Missouri-Columbia School of Medicine	Surgery
Maarten Nieuwenhuizen, M.D. Superintendent Mid-Missouri Mental Health Center	Psychiatry
Michael B. Shimkin, M.D. Department of Community Medicine University of California at San Diego School of Medicine	Biomathematics and Research Design
Michel M. Ter-Pogossian, Ph.D. Professor of Radiation Physics Mallinckrodt Institute of Radiology	Radiation Physics
Bertis A. Westfall, Ph.D. Professor and Chairman Department of Pharmacology University of Missouri-Columbia School of Medicine	Pharmacology
David A. Wood, M.D., Director Cancer Research Institute University of California San Francisco Medical Center	Pathology

APPENDIX VIII

BOARD OF TRUSTEES FOR THE CANCER RESEARCH CENTER

W.C. Whitlow (President)
Attorney at Law
10 East 4th Street
Fulton, Missouri 65251

D.W. Gilmore (Vice President)
Senior Vice President
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J.M. (Tom) Allton (Secretary)
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Walter G. Staley (Treasurer)
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Columbia, Missouri 65201

J.G. Probstein, M.D.
[redacted]

Sidney Salomon, Jr.
Sideny Salomon Jr. & Associates, Inc.
5700 Oakland Avenue
St. Louis, Missouri 63110

Andrew Signorelli, M.D.
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Faith Hospital West
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St. Louis, Missouri 63141

John S. Spratt, Jr., M.D., Director
Cancer Research Center
Business 70 and Garth Avenue
Columbia, Missouri 65201

Mrs. David P. Wohl
Wohl Foundation
801 South Skinker
St. Louis, Missouri 63105

APPENDIX IX

MISSOURI PUBLIC HEALTH ASSOCIATION

1971 AWARDS

45TH ANNUAL MEETING

May 10-12 · Saint Louis

1971 MPHA Group Merit Award

CANCER RESEARCH CENTER, COLUMBIA

The Cancer Research Center, Columbia, Missouri, has been named to receive the 1971 MPHA Group Merit Award for its outstanding achievements in the field of public health and meritorius contributions to the citizens of the state.

The Cancer Research Center (CRC) was founded in 1963 by individuals who recognized the impact such an institution might have in the improvement of methodology in the detection, diagnosis and treatment of cancer, which produces an estimated 16,000 new cases each year in Missouri. In its seven years of existence, CRC has already made significant contributions to the scientific community of the state and is rapidly enlarging its sphere of influence related to the delivery of quality medical care to patients with cancer.

Under the leadership of John S. Spratt Jr., MD, administrator, the CRC staff has been instrumental in organizing the Association of Tumor Registry Directors, with the objective of improving the reporting of cancer incidence and the modalities of treatment in Missouri hospitals; sponsored and organized post-graduate seminars for physicians, dentists and nurses; and developed new and improved techniques for the detection, diagnosis and treatment of cancer. Evidence of CRC's high standing in the scientific community is the number of requests its staff receives to participate in programs throughout the Midwest.

The MPHA Group Merit Award is the highest honor that the Missouri Public Health Association presents to an organization and no recipient has earned this recognition more than the Cancer Research Center.

Attachment III

CANCER CONTROL IN MISSOURI

A PRELIMINARY REPORT

JULY, 1973

CANCER CONTROL IN MISSOURI

A PRELIMINARY REPORT

John S. Spratt, Jr., M.S.P.H., M.D., F.A.C.S.

Coordinator for Cancer Control

State of Missouri

Thomas S. Thomas, B.A., M.Ed.

Chief Planning Specialist

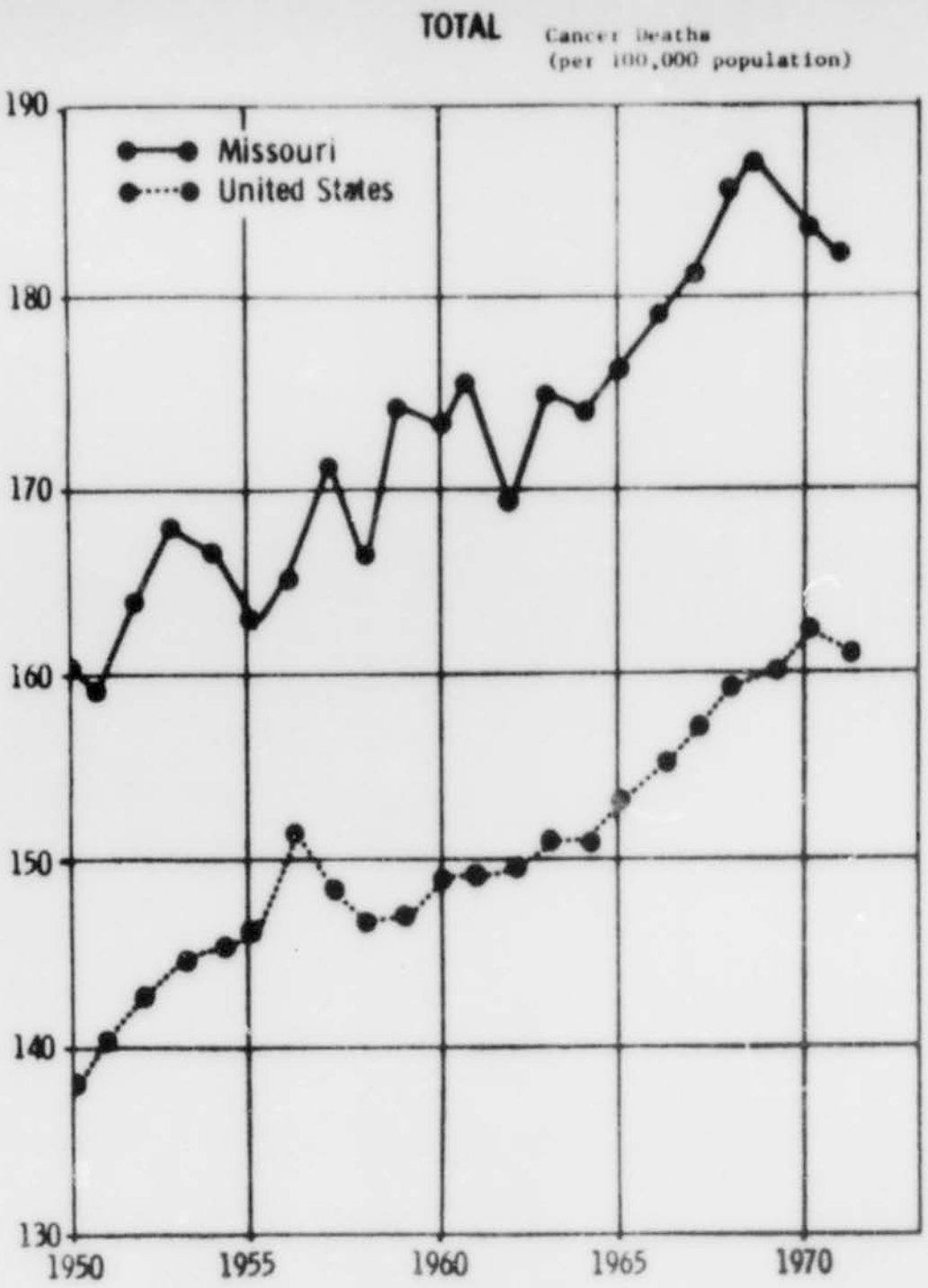
July, 1973

FORWARD

For more than two decades the cancer death rate has been increasing. For the United States, the rate has increased from about 140 per 100,000 persons in 1950 to more than 160 in 1970. During the same period the cancer death rate in Missouri is approximately fourteen per cent higher than the cancer death rate in the United States.

In part, the reasons for this increase may be explained by the fact that people are living longer. The higher cancer death rate in Missouri may be accounted for in part by the generally older population of Missouri compared with the rest of the country. Also, it is believed that, in part, the greater cancer death rate may be attributed to the increased exposure of the population to more cancer-producing agents in the environment.

Missouri Cancer Registry
Annual Report
1973



Missouri Cancer Registry
Annual Report
1973

ESTIMATED MISSOURI CANCER DEATHS

AND NEW CANCER CASES FOR 1974

	Deaths	New Cases
All Sites	8,800	17,000
Breast	800	1,900
Colon-Rectum	1,200	2,000
Lung	2,100	2,300
Oral	175	350
Skin	125	3,000
Uterus	300	1,200
Prostate	550	1,100
Stomach	300	325
Leukemia	400	500
Other	2,850	4,325

Missouri Cancer Registry
Annual Report
1973

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Introduction

About 53,000,000 Americans now living will eventually have cancer--one in four persons according to present rates. Cancer will strike over the years in approximately two of three families. In the 70's, there will be an estimated 3.5 million cancer deaths, 6.5 million new cancer cases, and 10 million under medical care for cancer. Projected to Missouri the estimate can be made that in the 70's, there will be 17,000 - 18,000 new cancer cases per year and 8,800 - 9,000 cancer deaths per year.

National Trends

For more than 35 years since 1936, the cancer death rate has been declining slowly but steadily among American women, a drop of 8%. During the same period the male rate has increased about 40% and it is particularly higher among blacks. The decline among women is traceable to a sharp reduction in mortality from cancer of the uterine cervix, a readily detectable disease. The rise among men is due to a 1400% increase in 40 years from lung cancer. Since 1949 more men than women have been dying each year from cancer; the ratio in 1973 will be about 55 to 45. The incidence rate among men has also increased from 280 in 1947 to 304 per 100,000 persons in 1969 while the rate among women was decreasing from 294 to 256. The higher male incidence is attributed to a marked increase in cancer of the prostate as well as lung, and to a lesser increase of colon cancer. The decrease among women has been aided by a drop in cancers of the stomach and rectum as well as cervix, but lung cancer in women rose from 6 to 12% per 100,000 between 1947 and 1969. The incidence of cancer in blacks is markedly higher than in whites, particularly among men. Black men show considerably higher rates for

cancers of the prostate and esophagus. Black women have a higher rate of cervix cancer and lower rates of breast and uterus cancers. Death by age groupings shows more than half of all mortality among persons over 65. Among women, 32 to 54, cancer is the leading cause of death, and more school children die of cancer than any other disease. This year cancer will take the lives of approximately 4,000 plus children under the age of 15, and about half of them will die of leukemia, a cancer of the blood forming tissue.[1]

The Economic Impact of Cancer

There are to date no complete figures on the economic effect of cancer in this country. Some estimates of the cost of illness can be made, using the 1963 figures published in the Health Economics series number six and compiled by the United States Department of Health, Education, and Welfare. Estimates from these figures can be adjusted to reflect the increases in the cost of medical services, earnings, and number of cancer patients. According to these estimates, the direct cost of hospitalization, nursing homes, physicians, nurses, and medicines exceeded 1.5 million dollars in 1969.[2] Some calculated the indirect cost of cancer (including the loss of earnings during illness and present worth of loss of earnings during the balance of normal life expectancy) brought the total cost of cancer to over 15 billion dollars for 1969. "1973 Facts and Figures", produced by the American Cancer Society, cites a 1962 report reflecting cancer illness among those under age 65 as costing 72,000 man-years of productivity among the labor force, 44,000 man-years among those keeping house, and 52,000 man-years among those unable to work. Among women cancer far exceeds any other disease as a cause of "working years lost"; among men it is the third after accidents and heart disease. Lung cancer and emphysema, another chronic

lung disease caused mainly by cigarette smoking, may be the prime disablers of working men between 40 and 65. Emphysema now ranks second to heart disease in that respect; as a killer it increased its U.S. death toll 700% between 1950 and 1965.[3]

The Present Status of Cancer Treatment

It has been estimated that there are now 1.5 million individuals who are alive and well more than 5 years after treatment of cancer, and that another 700,000 who have been treated within the past 5 years are alive and well. It is also estimated that whereas in 1930 only 1 in 5 individuals with cancer survived 5 years after treatment; at the present time 1 in 3 of those treated are alive and well five years after treatment. Under optimal circumstances this figure may be as high as 1 in 2. This improvement in cure rate is tangible evidence of the beneficial impact of the many advances in diagnosis and treatment which have stemmed from the nation's investment in cancer research in the past 25 years.[4] The outlook is definitely improved by earlier diagnosis. Cancer therapy has improved to the point that a major area of current emphasis is on the accelerated rehabilitation of the cancer patient.

Chief Areas for Advancement of Cancer Control in Missouri

Primary avenues of advance toward cancer control and the cure of more cancer patients include: (1) cancer prevention; (2) earlier detection; (3) improvements in the availability and application of present means of therapy and accelerated rehabilitation; and, (4) the development through research of new methods for prevention and treatment. Of the four, perhaps cancer prevention

offers the greatest possibilities for controlling cancer and saving of human life.

Studies in the epidemiology of cancer have revealed that certain kinds of cancer are more common in particular geographic areas than in others. If one is able to identify the environmental agents and social practices responsible for the high cancer incidence in a particular area, it may be possible to remove the causative factor, teach people to avoid the factor, or modify social practices causative in cancer induction. Epidemiological studies suggest that cancer is not caused by a simple infection or a single genetic factor. They strongly suggest that variations in exposures to environmental agents and in social practices are in the main responsible for variations and the occurrences of cancers in different populations. They have indicated that certain types of cancer are to a large extent preventable.

The multidisciplinary approach toward the cancer problem is evidenced by ongoing efforts at the Cancer Research Center. The Cancer Research Center has accepted a contract with the Board of Health to plan and make operational a State Cancer Registry related to the evolving State Center of Health Statistics and operated by the Biomathematics sections of the Cancer Research Center. The data compiled by this State Cancer Registry are essential to the study of cancer in Missourians. The first comprehensive progress report on this registry is available upon request.

Since the real value of epidemiological research involves the search for the cause of underlying patterns of disease prevalence and incidence, the Cancer Registry must look forward to developing a data base which includes the

distribution of many factors. This stage of research must necessarily come only after the firm establishment of a cancer data base representing a complete reporting of the disease with confirmed diagnostic accuracy. The Cancer Registry will be a collection of diagnostic, therapeutic, and survival data of cancer patients in Missouri. It is supplementary to the usual diagnostic files of a hospital and is necessary because of the chronicity and complex ramifications of cancer as a disease. The registry will be an aid to quality control, follow-up, education and research into the methods of cancer prevention.

During the initial phases of the Cancer Registry at the Cancer Research Center, effort has been put into the development of a data base to describe the distribution of the cancer status in terms of sex, race and geography, which are the domain of demography. Epidemiological research, of course, needs a good demographic data base but it further needs an established data base in terms of correlative factors. As the demographic data base becomes fully established, the registry will begin to search for factors in the social practices and environment of Missourians that could play a causative role in cancer. There is little question today that the public stands to benefit greatly from epidemiological research on cancer. The very basis of any research in this area depends upon an accurate assessment of the presence of cancer in the population; it must be precise, timely, and comprehensive. Consequently, the Missouri Cancer Registry is building this data base to fill these stringent requirements; however, presently there is but little uniform data on which to build in the State of Missouri.

The complete establishment of the requisite data base to survey the extent of cancer in Missouri cannot be accomplished in a period of a few years. However,

much worthwhile information can be expected to evolve during the interim. The registry is designing and building the operational mechanism through which comprehensive cancer surveillance data may be collected and evaluated. This registry will also be responsible to the needs of health planners in Missouri. Once these surveillance data are on firm base, the registry will establish and work with other agencies to develop the same type of sound data for other diseases. Sources of all data bearing on the epidemiology of cancer will be investigated and mechanisms will be set up to relate these with the cancer surveillance data. The Cancer Registry can serve as a model upon which other sections of the State Center of Health Statistics may be built and at the same time produce meaningful reports to more effectively guide health planning in Missouri.

Recognition of the necessity to commit state resources in the fight against cancer is evidenced as early as 1937 in Missouri. This commitment was in the form of cancer control legislation. (This legislation may be seen in Appendix I.)

By agreement between the Board of Health and the Cancer Commission, the Commission has taken full responsibility for all cancer control activities in Missouri and has asked John S. Spratt, Jr., M.D., Chief Surgeon at the Ellis Fischel State Cancer Hospital and Director of the Cancer Research Center, to serve as Program Coordinator for Cancer Control. Detailed planning is now taking place to insure maximum utilization of existing resources in disease treatment programs and other collateral public health programs in the State of Missouri. The overall objective of the Cancer Program is to plan, establish,

and evaluate a statewide program to better serve Missourians in the detection, treatment, and prevention of cancer. The Cancer Control Program is still in its early planning stages, but a Phase I survey intended to identify existing cancer control programs in other states and to assess cancer related needs in Missouri as perceived by physicians, personnel of the Division of Health, former patients of Ellis Fischel State Cancer Hospital, and volunteer workers of the Missouri Division of the American Cancer Society has been completed.

Perceptions of the needs and problems in Missouri are reflected in the following summaries of data from the Phase I survey. Cancer Patients Formerly at Ellis Fischel State Cancer Hospital. Problems as perceived from the responses of former patients at Ellis Fischel State Cancer Hospital reflect the following: (1) 67.8% of the respondents indicated they had never heard any information on how to prevent cancer; (2) 66.6% of the respondents indicated that before their illness they had not had an examination for cancer such as the Pap smear, breast exam, or proctoscopic examination; (3) 79.6% of the patients indicated that when they suspected they might have cancer they didn't talk to anyone else about their symptoms; and, (4) symptoms that finally made the patient see a physician were, in 75.9% of the responses, actually symptoms of cancer such as non-healing ulcers, enlarging lymph glands, and palpable tumors. Patients' perceptions of needs for Missouri reflected as follows: (1) 41.8% of the respondents indicated that they would like to see an enlargement of the services and facilities presently offered at Ellis Fischel State Cancer Hospital; (2) 7.2% of the respondents indicated that the general public of Missouri should be better educated as to the facilities presently available at the Ellis Fischel State Cancer Hospital; (3) 7.2% of the patients perceived a need for more clinics; and, (4) 9% of the respondents indicated that more continuing professional education and more research should be

available in Missouri. When asked how they thought people with cancer or the suspicion of cancer could best be helped in Missouri, the patients gave the following responses: (1) 25.9% indicated that check-ups would be most helpful; (2) Public, family, patient, and physician education was indicated by 23.3% of the respondents; (3) Expansion of current facilities for service, rehabilitation, and research was indicated as being the most helpful by 20.3% of the respondents.

Physicians Who Have Referred Cancer Patients to Ellis Fischel State Cancer Hospital. Physicians queried in this survey saw on an average of 25.5 cancer patients per year in their practices. When asked what they considered the most significant problems created at the community level by cancer patients, the physicians responded as follows: 25% saw long-term care as an extremely significant problem, 16.6% stressed the significant family financial problems created by cancer, and 20.8% thought early diagnosis and rehabilitation to be an area needing improvement. When responding to the question of what educational programs might be most useful to the practicing physicians, 26% saw programs regarding diagnostic procedures as the most useful and 15% thought public education to be of interest. Programs regarding treatment, detection studies, and presentations at county medical society meetings were all viewed as equally important with 11.5% response for each of the three. When asked who in the state should be responsible for various elements of the Cancer Control Program, the physicians' responses indicated that they should be responsible for thorough examinations, diagnosis, and assistance in public education, treatment, rehabilitation, and detection. The physicians indicated that the State of Missouri should probably maintain primary responsibilities for financial assistance to patients and families and support the State Cancer Hospital and that the Missouri Division of the American Cancer Society is probably best suited to perform public

education and provide research support. Many indicated that the state should continue to improve present services at the Ellis Fischel State Cancer Hospital.

Chairpersons and Board Members, Missouri Division, Inc., American Cancer Society. (The list of members of the Board of Directors of the Missouri Division, Inc., American Cancer Society and the chairpersons of its service committees were polled as individuals. Their comments do not necessarily constitute an official position of the Society). In general, the chairpersons and board members who responded to the Phase I survey indicated the major unmet needs of cancer patients in Missouri to be public education, detection examinations, counseling, transportation and financial aid. When asked what role in the State Cancer Control Program the Missouri Division of the American Cancer Society might best play, the respondents indicated that public education should be the primary responsibility of the Cancer Society and that detection examinations should be supported by the Society. When asked what responsibility the state could best assume in a Cancer Control Program, the indications were as follows: 25% indicated detection clinics, 12.5% indicated public education, 12.5% indicated financial aid, 12.5% indicated mobile units, 12.5% indicated professional education and 6.2% indicated that transportation responsibilities should be supported by the state. These areas were stressed in addition to comments that the state should continue, expand, and make more accessible current programs at the Ellis Fischel State Cancer Hospital.

Personnel of the Division of Health Involved with Chronic Diseases and Community Services. When asked what types of outreach programs in the community cancer control activities they perceived to be missing in the State of Missouri, personnel from the Division of Health listed the number one, two, three

components as detection clinics, public education and professional education. When asked what types of programs, not presently available to Missouri's cancer patients and their families, should be made available, the respondents indicated that counseling, financial assistance and detect examinations were of utmost importance.

Cancer Control Programs in Other States. The returns thus far from other states indicate that very few have comprehensive cancer control programs. Most states seem to offer fragmented services emphasizing either cervical screening, public education, or professional education. Among the more comprehensive programs are those in Arkansas, California, Connecticut, Georgia, Indiana, Kentucky, New York, North Carolina, Rhode Island, South Carolina, and West Virginia. (Breakdown of responses from those stating that an organized program existed may be seen in Appendix II.)

A second phase was developed to survey the status of existing health facilities' resources in Missouri as they might relate to a cancer control program. The Phase II survey has gone to hospitals in Missouri, identifying equipment, services, personnel and service programs as they relate to the cancer patient. (Initial summarization may be seen in Appendix III.) Summaries of Phase I and Phase II data will create a base for initial plan development and allow initiation of cooperative efforts to establish the final program objectives and plan. In conjunction with cancer control planning, program staff and relevant personnel of the Cancer Hospital are participating in the planning sessions of the Missouri Uterine Task Force and will assist the Task Force in program implementation and evaluation. This Task Force of the Missouri Division of the American Cancer Society is organizing to comply with the American Cancer

Society Task Force's major goal (by 1972, a Pap test for every woman 20 years of age and over to whom the test is applicable and for those under 20 at risk.) The Task Force will endeavor to achieve this objective in Missouri through cooperative publicity, public education, and appropriate screening activity. As cancer control planning evolves, the staff will follow the long tradition of cooperation with the Missouri Division of the American Cancer Society. Maximum cooperation will insure a program of high quality.

The Problem in Missouri

The top four killers in Missouri, heart disease, cancer, stroke, and accidents, have held their positions statewide since 1949 and in the United States, as far back as 1939. Malignant neoplasms, including cancer of the lymph system and the blood forming tissues, killed 8,682 state residents to rank as 1971's second leading cause of death. This means that almost 182 of every 100,000 Missourians died of cancer during 1971. Cancer was among the five leading killers for all ages except persons less than one year old. More people in the 35 to 44 age group in Missouri died of cancer than from any cause, and more frequently from cancer attacking the respiratory system.[5] The estimated cancer deaths and new cancer cases for all sites plus major sites for 1973 are as follows: The estimated cancer deaths in Missouri in 1973 for all sites will approximate 8,800 with the rate per 100,000 population being 182. Of the major sites, we can anticipate 2,100 deaths from lung cancer, 1,200 from cancer of the colon and rectum, 800 from breast cancer, 550 from prostate cancer, 400 from leukemia, 300 from uterine cancer, 300 from stomach cancer, 175 from oral cancer, and 125 from skin cancer. Estimated new cancer cases in Missouri for all sites approximate 17,000 for 1973. The breakdown on major sites of estimated

new cancer cases are as follows: New cases of uterine cancer, 12,000; skin, 1,000; lung, 2,300; colon and rectum, 2,000; breast, 1,900; prostate, 1,100; leukemia, 500; oral, 350; and estimated new cases of stomach cancer will approximate 325.[6] (See Appendix IV.)

Current Resources in Missouri to Combat the Problem

Cancer Programs in Missouri Approved by the Commission on Cancer of the American College of Surgeons (as of January 1, 1973). The legal basis for accrediting hospital cancer programs in in Public Law 89-239, Section 907, which states: "The Surgeon General shall establish and maintain on a current basis a list or lists of facilities in the United States equipped and staffed to provide the most advanced methods and techniques in the diagnosis and treatment of heart disease, cancer, or stroke, together with such related information, including the availability of advanced specialty training in such facilities as he deems useful and shall make such list or lists and other information most useful, the Surgeon General shall from time to time consult with interested national professional organizations."

The goal of the ACS Commission on Cancer's approvals program is a coordinated cancer activities program anchored to a systematized cancer registry in every hospital. Without a registry, follow-up of the cancer patient is poor, educational information is lost, conclusions as to end results of therapy are erroneous, and the patient is ultimately the loser. While a cancer activities program may vary from hospital to hospital, all programs should aim to continue the education of doctors, promote clinical and laboratory research, and make consultative diagnosis and treatment service available to the doctor and patient.

The Commission on Cancer recognizes that both the physical facilities and the number of trained personnel available for the care of cancer patients vary widely among hospitals. However, the best facilities and well-trained personnel do not in themselves assure proper care of the patient with cancer if they are not fully used for their intended purposes. Small hospitals whose facilities are limited but whose personnel are well-trained and aware of the limitations, frequently provide excellent care to the cancer patient by treating only those cases for which they are equipped and referring other cases elsewhere for treatment. This concept of making available to the cancer patient the best possible care carries the greatest weight among the considerations governing approval of a cancer program.

The Commission on Cancer maintains a field survey force of physicians and registry consultants who are available for site visits to hospitals which need assistance with an already existing program or desire to start a new program.

Cancer programs are surveyed at the request of their administrators and/or medical staffs. The approval status is based on the level of excellence in relation to the established standards for approval stated in the College's Manual for Cancer Programs.

Approval for three years is given where a program meets the standards or has a minimal number of minor and easily correctable deficiencies. These programs are usually surveyed at intervals of three years.

Provisional approval is given where multiple deficiencies of varying magnitude exist but where potential and motivation for correction are present. These

programs will usually be scheduled for resurvey in one year or as soon thereafter as possible.

The College conducts this project under grant and contract support from the American Cancer Society and the Health Services and Mental Health Administration, Health, Education and Welfare.

As of this writing there are approximately 185 hospitals in the State of Missouri. Of these hospitals only eleven have cancer programs approved by the American College of Surgeons and seven others currently have provisional approval.[7]

Approved Programs (October 30, 1973)

Cape Girardeau: St. Francis Hospital

Columbia: Ellis Fischel State Cancer Hospital, University of Missouri Medical Center

Kansas City: Baptist Memorial Hospital, Kansas City General Hospital and Medical Center

Poplar Bluff: Doctors Hospital

St. Louis: Luthern Hospital, St. Louis Little Rock Hospital (Missouri Pacific), Deaconess Hospital, St. Anthony's Hospital, St. Mary's Hospital

Provisionally Approved Programs

Clayton: St. Louis County Hospital, Clayton

Kansas City: Menorah Medical College, St. Luke's Hospital

St. Louis: Homer G. Phillips Hospital, Jewish Hospital, St. Louis University Hospitals, St. Louis City Hospital

Recognition is taken of the fact that many hospitals in the state provide care to cancer patients. However, the Cancer Control Program staff has not the resources to evaluate these programs. Also, state evaluation would duplicate that which is available from the Commission on Cancer of the American College of Surgeons. Inquiries by interested institutions should be directed to the American College of Surgeons, 55 East Erie Street, Chicago, Illinois 60611. Also, Cancer Liaison Fellows of the American College of Surgeons within the State of Missouri may be consulted. They are: (1) District I, Kansas City, including the northwestern portion of the state, Andrew McCanse, M.D., and Ernest T. Weinand, M.D.; (2) District II, Hugh Harris, M.D., in Columbia, Phillip Foreman, M.D., in Hannibal, and Robert L. Glass, M.D., in Sedalia; (3) District III, St. Louis City, County, and immediately surrounding area, William Shieber, M.D.; (4) District IV, Max Heeb, M.D., Sikeston; and, (5) District V, Springfield, James M. Giffin, M.D. (Initial results of Missouri Hospital Survey may be seen in Appendix III.)

All institutions approved by the Commission on Cancer of the American College of Surgeons shall meet the following basic requirements:

A. <u>BASIC - For all Categories</u>:

1. Multidisciplinary Cancer Committee
2. Cancer Registry and Reporting
3. Clinical Education Program
4. Quality of Care Evaluation, with Documentation

B. ADDITIONAL REQUIREMENTS AS RELATED TO CATEGORY:

CATEGORY III

Institutions having:

1. Full facilities and personnel for diagnosis and treatment of cancer.
2. 300 or more new cancer patients registered annually.
3. Residency training in major categories related to diagnosis and treatment of cancer.
4. Research in cancer being conducted (clinical and/or basic).

CATEGORY II

Institutions having:

1. Full facilities and personnel for diagnosis and treatment of cancer. OR documented structured use of qualified consultation and referral for diagnosis or treatment of cancer.
2. 300 or more new cancer patients registered annually.
3. May or may not have residency training in major categories related to diagnosis and treatment of cancer.
4. May or may not have research in cancer being conducted (clinical and/or basic).

CATEGORY I

Institutions having:

1. Full facilities and personnel for diagnosis and treatment of cancer, OR documented structured use of qualified consultation and referral for diagnosis or treatment of cancer.
2. 300 or less new cancer patients registered annually.

Operational Profile of the Missouri Division, American Cancer Society, 1971-72. 1971-72 operations of the Missouri Division, American Cancer Society, are reflected in the following data from the Division's annual report for the period September 1, 1971 - August, 1972.[8]

Research. In Missouri, the American Cancer Society, as of August 31, 1972, currently had in effect support of research and special projects which amounted to $1,260,008.00.

Public Education. In the 1971-72 fiscal year throughout Missouri, 212,913 people participated in 2,796 life-saving programs, 2,154,824 pieces of educational literature, 7,618 posters and 257 exhibits all coordinated by ACS volunteers served to educate the public concerning cancer control.

Professional Education. Over 16,200 physicians, nurses and paramedicals took part in training programs. In a pioneer project, 157 cancer messages were recorded and put to use in a statewide dial access system for professional education purposes. The Clinical Oncology for Medical Students and Physicians, A Multidisciplinary Approach, was given to 300 physicians and students and 5,426 professionals regularly received "CA — A Cancer Journal for Clinicians."

Service and Rehabilitation. At least 17 hospitals and 21 physicians actively assisted laryngectomees in cooperation with ACS Nu-Voice Clubs. The Reach to Recovery Program, now expanded to ten major areas, 36 hospitals with 144 involved physicians, has helped 85 program volunteers assist 300 mastectomy patients. The Ostomy Rehabilitation Program worked with 37 hospitals,

104 physicians, and 51 program volunteers to assist 107 patients. Other major service programs included the Cervical Cytology Project and VNA support, as well as furnishing transportation, dressings, loan closet items, and the purchase of pain-relieving drugs.

Public Information. Thirty-six Division news releases were sent to radio, television, and newspapers. A total of 170 radio platters and 40 television spots were delivered and aired by broadcasters, and 161 messages were supplied to the Missouri Dial Access System, a program which offers cancer information over the telephone.

The Program Activity Report of the Missouri Division, Inc., American Cancer Society, reporting results for the second quarter, 1972-73, in public education, professional education, and service to cancer patients, estimates 20,066 cancer patients in the state potentially requiring some form of service. It is realistic to project that 30 percent of those cancer patients will be reached with one or more types of service from the Cancer Society in 1973.

The Missouri Division, Inc., American Cancer Society, currently has organized districts in the State of Missouri covering all 114 counties and the City of St. Louis. All county units have a Board of Directors and a minimum committee structure of crusade, public education, public information, and service committees. The total year-round volunteer force of the Missouri Division, Inc., American Cancer Society, approximates 6,090. These individuals donate their time to the Division for no compensation.

Activities of the Missouri Division, Inc., are limited only by the fact that

salaried and trained manpower are not available to support the intensive effort needed to carry out each activity to its fullest; that hundreds of additional volunteers, formally trained and equipped, are needed for effective public education programs based on local needs; and, activities in the area of professional education need coordinated planning based on state needs, and this task demands trained manpower.

Missouri Academy of Science. The Missouri Academy of Science was organized in 1934 to promote cooperative interaction among scientists in Missouri, to encourage public interest in scientific activities, and to provide opportunities for scientists to discuss their work, especially when it relates uniquely to Missouri. The Oncology Section of the Academy represents a variety of disciplines and is well-suited to serve as a scientific resource to any Cancer Control Program planning activity in Missouri. The Oncology Section meets annually at the Cancer Research Center in Columbia providing a forum for the presentation of any work by a Missouri scientist in the field of oncology.

The State Cancer Hospital is an institution oriented toward the diagnosis of cancer and the treatment and rehabilitation of cancer patients in Missouri. The Cancer Research Center is a Missouri nonprofit corporation engaged in research on the cancer problem in Missouri. Relating to the areas of cancer prevention, early detection, improvements in the availability and application of present therapy, and research on new methods for prevention and treatment, the Ellis Fischel State Cancer Hospital, along with the Cancer Research Center in Columbia, form a complex which is a center for service, research, and teaching in neoplastic diseases. The hospital maintains relevant clinical departments--medicine, pathology, radiology, nuclear medicine, radiotherapy, surgery,

dentistry, nursing and social service. The Cancer Research Center includes biochemistry, biomathematics, dental research, clinical research unit, detection clinic and a special purpose library containing cancer literature. The Cancer Research Center and hospital jointly staff an educational support unit to provide administrative support for public, patient and professional education. The hospital is approved by the Joint Commission on Accreditation of Hospitals and has provided diagnostic services to more than 4?,000 residents of the State of Missouri. 2,053 patients were admitted to the hospital and 9,553 patients were examined and treated in the outpatient department in 1971 alone. A clinical research unit operates through the cooperation of Ellis Fischel Hospital and the Cancer Research Center. This unit exists to improve the control of cancer through clinical research, seeking to provide optimum conditions in which patients can cooperate with physicians to find better methods for diagnosing, understanding, and treating cancer. The unit is furnished with modern equipment and staffed by highly qualified nurses.

Detection of cancer requires a detailed, systematic approach. The DETECT clinic of the Cancer Research Center provides a screening examination specifically designed to discover cancer before it produces symptoms. Laboratory tests, x-rays, physical examination and medical histories are done on each patient in the clinic. Mammography and the Pap smear are performed on female patients, and a simple examination, the proctosigmoidoscopy, of the rectum and lower colon is given to both females and males going through the DETECT exam.

Biochemistry is in a position to provide, upon a consultative basis, technical expertise in the interpretation of available environmental (air, water, food) surveillance data dealing with carcinogens and human carcinogenesis.

A joint resolution of the Missouri State Cancer Commission and the Board of Trustees of the Cancer Research Center has been submitted to the President's Cancer Panel and the National Cancer Advisory Board. This resolution states that upon review, the Board of Trustees and the Commission have identified facilities, administrative capabilities, and development plans in existence at Ellis Fischel State Cancer Hospital and the Cancer Research Center that comply with the characteristics of a Comprehensive National Cancer Research and Demonstration Center, as identified under Section 408A of the National Cancer Act of 1971. The resolution reflected a commitment to foster policies and plans requisite to meeting and maintaining all the characteristics of a Comprehensive National Cancer Center and requested that the Cancer Research Center and the Ellis Fischel State Cancer Hospital be designated a Comprehensive National Cancer Center.

Since its inception as a nonprofit corporation on April 9, 1962, the Cancer Research Center has received federal grants and contracts which total more than $4,201,434. The current three phase development plan of the center covers a period of fifteen years and will require $3,701,000 for completion. At the current time the Cancer Research Center has eighteen grant or contract related programs that are active. These range from support by the Division of Health for cancer control planning and the cancer registry to support for research in new cancer chemotherapeutic agents and clinical cancer training from the National Cancer Institute. With these resources, Missouri is well ahead of other states in already having an operational cancer center meeting the nationally defined criteria for a Comprehensive Cancer Demonstration and Research Center. The national thrusts in attacking the cancer problem relate closely to current activity in Missouri and can effectively be extended through support of existing Missouri programs.

Current support is also being devoted to the training of health professionals, continuing education of health professionals, patient education and public education. Accomplishments in health professional training include: (1) electives or free time clerkships in surgery and medicine for eleven and twelve medical students respectively; (2) provision of training as part of an approved four-year program for thirty surgical residents; (3) approved training for three pathology residents; (4) oncology fellowships sponsored by the American Cancer Society for two surgical residents and clinical cancer training fellowships sponsored by the National Cancer Institute for four postgraduate fellows; (5) clinical nursing experience for licensed practical nursing students from the Columbia public schools training program; and, (6) short-term exposure to cancer nursing for professional nursing students from Lincoln University and Northeast Missouri University.

In the realm of continuing professional and patient education, the center provides semiannual professional programs offered free to any interested health professional and planned to cover all aspects of cancer management in a cyclic fashion; cancer orientation classes are held for public health nurses at the Ellis Fischel State Cancer Hospital; initiation of an enterostomal therapy program to improve the ability of patients with stomas to function independently by patient education at Ellis Fischel State Cancer Hospital. The ultimate educational goals are to provide optimum care with the most efficient and effective use of manpower and facilities, to increase utilization of current techniques for early detection of cancer and to motivate the public toward cancer prevention. The overall plan is that such activities will be designed and tested on a pilot basis at Ellis Fischel State Cancer Hospital and then provided on an outreach basis to other parts of the state. A great deal of detailed study is also

needed to find effective methods for people to have cancer screening procedures when they "don't feel sick" and to use currently available methods for preventing certain forms of cancer.

In 1966, the Missouri General Assembly appropriated planning money for the expansion and renovation of Ellis Fischel State Cancer Hospital which eventually totaled $164,000. Staff and architectural effort produced plans at the bid document stage which were filed in the Office of Planning and Construction by 1 December 1968. The cost of this project was estimated at the time to be $10,600,000. The estimate for the project today is $15,500,000. This total amount is not immediately needed, but $10,500,000 is needed currently to request bids on the proposed new wing to the hospital.

The request for these funds was approved by the Missouri General Assembly June 7, 1973, and will be acted upon by the Governor of Missouri in the near future. This appropriation of 7.6 million dollars will allow phase one construction on the new wing to commence.

The new facility will make many things possible. The outpatient clinic will be able to separate the outpatients according to their needs. Patients who come to the clinic on litters will be routed to assure their privacy. New patients will not be unduly alarmed by seeing patients who are debilitated. Diagnostic x-ray, the isotope laboratory for diagnosis and treatment, and a small clinical laboratory will be located in the clinic area thus facilitating the clinic process. A new and improved surgical suite will occupy much of the second floor. The remainder of the floor will accommodate a modern

anesthesia recovery room and an intensive care ward adjacent to it for maximum utilization of highly skilled nursing personnel. The dental suite will be on the second floor, also. The third floor will be used by the pathology and medicine departments and will give adequate space for clinical pathology, clinical laboratory, and cytology. The utilities provided on this floor will make it possible to utilize up-to-date automated equipment for faster diagnoses. The fourth and fifth floors will provide for 128 beds with all modern facilities for the acutely ill patients.

The hospital and clinic are designed with the principles of layout planning and operational efficiency foremost under consideration. This will result in a hospital that can be operated for decades in a highly efficient way at minimum cost. A small dedicated computer and an internal communications system will add greatly to the operational efficiency of this hospital, its clinic, and its laboratories.

Moving the above listed facilities into the new wing will provide space for other services in the old hospital building that are not presently available. A physical therapy area will maintain "reach to recovery" training for mastectomy patients. Training in use of prostheses for those patients who have lost an arm or a leg will be provided. Head and neck patients who have been cured of cancer but who have lost eyes, ears, nose, or part of their jaws will be housed here until their prostheses are completed, allowing them to return to normal social routines instead of being "closet" cases. A dining room for these patients will be located here. The nursing offices will have adequate classroom space for inservice training to upgrade the service of nursing

personnel. The medical library, which has been moved to the Cancer Research Center building next door, will be returned to the hospital where it is needed. The radiation therapy department will be expanded to meet its need and will receive the latest equipment to enhance the therapy provided.

Almost two-thirds of EFSCH patients are county patients with no means of their own and no insurance, medicare or medicaid. This hospital is still treating some patients who were first treated here for cancer in the early forties. Such patients require continued care and periods of hospitalization, the cost of which can bankrupt people of better than average means. The number of applications for treatment at this hospital is exhibiting an upward trend. More patients are being treated in the outpatient clinic with minimal in-hospital stay. The length of patient stay has decreased from 26 days average a few years ago to 17.4 days in 1971-72. The expanded facility is urgently needed. The present building housing the EFSCH contains no space for the provision of additional services and the improvement of existing services vitally necessary to provide accelerated diagnostic treatment and rehabilitative services.

Positive measures can be taken in Missouri by providing effective outreach programs, public education, professional education, patient education, effective cancer detection and screening.

Information on the National Cancer Program Plan

On December 23, 1971, the National Cancer Act was signed into law. Under its provisions funds were authorized to launch an intensified attack on cancer.

Towards this end, the National Cancer Institute called on a broad spectrum of the scientific community to identify major research thrusts and activities as a basis for formulating a National Cancer Program Plan.

The plan will be an integrated operational plan conducting a systematic attack on the problems of cancer. It outlines scientific courses of action that can be implemented immediately or in the future; it assigns priorities and gauges probable impact on specific efforts; it encompasses the sweep of federal and private research programs; it includes multidisciplinary scientific programs directed toward all facets of cancer problems-- cause and prevention, detection and diagnosis, therapy and rehabilitation. It will be the vehicle for coordinating, monitoring and reporting progress of the total national cancer programs and will be the cornerstone for the dialogue that will be maintained between the National Cancer Institute, the scientific community, President and Congress and the public sectors.

The National Cancer Program's overall goal is to reduce the incidence, morbidity and mortality of cancer in humans. The seven key program objectives are:

1. To reduce the effectiveness of external agents in increasing the probabilities of development of cancers in existing individuals or in individuals of subsequent generations.

2. To modify individuals (e.g., by vaccination) to decrease the likelihood of cancer development, both in the current generation and subsequent offspring.

3. To prevent conversions of cells to those capable of forming cancers (i.e., block, or interfere with, the proximate step or steps involved in conversion to cells capable of forming cancers.)

4. To prevent tumor establishment from cells already capable of forming cancers (e.g., transformed cells, cells constituting precancerous tissues, etc.)

5. To achieve an accurate assessment of the presence, extent, and probable course of cancer risks in population groups (including attention to precancerous lesions) and of cancers in individuals alone (diagnosis) and in groups (detection) as an aid to prevention, cure or prognosis.

6. To cure as many patients as possible and to maintain maximum control of the cancerous process in patients not cured.

7. To restore patients with residual defects as a consequence of their disease or treatment to as nearly a normal functioning state as possible.

The plan is designed to provide a framework through which resources of the nation can be mobilized to reach the program objectives. (Research Strategy Hierarchy can be seen in Appendix V; NCI Grants and Contracts Active in Missouri can be seen in Appendix VI.)

Recommendations Based on Initial Planning

Information collected on the extent of the cancer problem in the population of

Missouri and on the numerous needs which cancer creates clearly justifies an improvement and expansion of the Cancer Control Program in this state. The information also confirms that the present staffing and budgeting for cancer control are so trivial as to preclude further progress pending more adequate support. The improvements which are most urgent and which can be assimilated during the coming year are covered in the following recommendations:

1. Cancer control in Missouri, in order to support effectively the on-going activities in prevention, should insure a significant public education program on a continuing basis. This program must take cognizance of the fact that many cancer-producing behavioral patterns begin at a very young age. The health educational efforts of the Cancer Control Program must develop educational methods specific for the needs of different age groups, different social and economic groups, urban and non-urban groups, and other sectors of the population of Missouri which may require special methods of education. Optimum use of existing media should be fostered through planned, regular news releases of significance in cancer prevention. Consultants must be retained to insure the scientific merit and effectiveness of these releases. Other specialized programs can be fostered in hospitals, schools, work settings, etc., often in collaboration with the volunteers of the Missouri Division, Inc., American Cancer Society.

This activity should complement existing programs but insure effective public contact. A profile of existing cancer prevention resources in Missouri must be developed, as there is no cataloguing of educational opportunities or facilities that are now in existence.

2. Detection and/or screening programs were mentioned as necessary throughout the Phase I Cancer Control surveys and should be implemented by the program in existing facilities with support from the State of Missouri. The public benefit of any detection program is directly related to accessibility and quality, as well as to use. Logically, every doctor's office, every hospital, and every public clinic should be a cancer detection center.

The long term economic aim is, by detecting and treating early disease, to lengthen the productive life span of the population at risk and in this way improve the overall economy.

Screening in the past has taken the form of single occasions, drives, etc. Emphasis has been given to arranging for a number of persons to be examined once, but the momentum necessary for making full use of the organization thus created, by carrying out continuing examination, has not been generated. Case finding must evolve into an orderly and continuing process if the desired effect is to be achieved.

The problem of patient delay in seeking examination when alarming symptoms are noticed is a key factor and a prime reason for making continuing detect programs available and well-publicized. As with the problem of cervical cancer, the women who are least knowledgeable about symptoms and least confident in the ability of doctors to cope with the disease are also the most susceptible to uterine cancer--this problem must be alleviated. Although time-consuming, the organization should be structured and built up which can gradually become more efficient and economical and which can take its place as an accepted part of the normal medical services. Regular offers of examination are likely

gradually to cover more and more of the population at risk.

3. Rehabilitation Services for cancer patients are underdeveloped in Missouri as in most other states. They should be made more widely available in Missouri to assure as comfortable and productive a life as possible and to assist in alleviating the stigma of the disease.

The need for rehabilitation services, as well as information on current programs, can be documented by a survey of hospital programs and facilities available to cancer patients in Missouri. Education of the public, which includes the family, in the true facts about cancer is also an extremely important need in the total rehabilitation of the cancer patient--to avoid apprehension and misunderstanding and to maximize patient self-sufficiency. Educating the public to accept patients, such as head and neck cancer patients, back into the community should be a crucial component of any effort in rehabilitation.

Support for maxillofacial prosthodontics, voice restoration, limb prosthetics, inhalation therapy, and enterostomal programs should be made available, either cooperatively by federal, state, and association funding, or in total by the state. These two areas are crucial for assisting the patient in returning to a productive life-style, alleviating stigma, and assuring the community in general that adequate, timely treatment for cancer can be successful.

4. Cancer Control Program activity in Missouri must reflect active and intensive participation in the National Cancer Program effort. Integration of state and national efforts must be evident.

5. A substantial cancer control program must be developed in Missouri State Government. Sufficient support and manpower should be committed to the program to make it effective.

6. The Missouri Hospital Association should encourage member hospitals in Missouri to gain cancer program accreditation by the American College of Surgeon's Commission on Cancer.

Appendix I

Missouri Cancer Control Legislation

MISSOURI

State Cancer Control Laws

"An Act to provide for the establishment of the State Cancer Hospital for the Treatment of Cancer and allied diseases, and providing herein the Governor of the state of Missouri shall appoint a Cancer Commission to erect said hospital and providing herein for appointing an Administrator and staff to conduct said hospital, and providing herein for making rules and regulations for conduct of said hospital not inconsistent with the laws of this State by the said Cancer Commission; and providing herein for the methods of admission and treatment of indigent patients in said hospital, and fixing the duties of county courts with respect to the admission of indigent patients and payment for said patients by the counties of the State and the City of St. Louis, and the amount of said payments and providing herein for refund to counties and the City of St. Louis, where patients die at said hospital or are removed therefrom, and for payment of burial expenses of indigent patients, and fixing herein the compensation of officers, physicians, surgeons and nurses or other employees; and providing herein for expenses for persons who accompany indigent patients from the hospital to his place of residence; and providing herein for the establishment of cancer clinics in the larger cities of the State; and providing for uniform forms for records of patients and for a person trained in the work of following up each case of cancer and pre-cancer, and for compensation of said trained person for doing said last named work; and providing for employment by the Administrator of said hospital of nurses, attendants and other employees, necessary for the conduct thereof, and providing that the Administrator, with the consent and approval of the Governor, may

fix the compensation of said nurses, attendants and other employees; and providing herein for such appropriation out of the State's treasury, chargeable to the general revenue fund, as the General Assembly shall deem necessary to establish and maintain the Missouri State Cancer Hospital.

"Be it enacted by the General Assembly of the State of Missouri, as follows:

"Section 1. The Governor of the State of Missouri is empowered to appoint with the advice and consent of the State Senate a Cancer Commission for the State of Missouri, consisting of four (4) qualified voters of the State. The Cancer Commission shall appoint by and with the consent and advice of the Governor an Administrator to have charge of the operation and conduct of said Cancer Hospital.

"Section 2. The Cancer Commission of the State of Missouri is hereby empowered and directed to establish a hospital to be known as the State Cancer Hospital.

"Section 3. Said hospital shall conform in all respects and in all ways with all the rules and requirements of the American College of Surgeons for the standardization of cancer hospitals, including the necessary radium and x-ray equipment for the best treatment of patients afflicted with malignant disease.

"Section 4. The general medical staff of said hospital shall be selected and appointed by the Cancer Commission of the State of Missouri.

"Section 5. All nurses, attendants and other employees necessary to the administration of said hospital shall be employed by the Administrator of the State Cancer Hospital and compensation therefore shall be fixed by the Cancer Commission of the State of Missouri by the consent and with the advice of the Governor of Missouri. The Administrator shall from time to time furnish to the Cancer Commission of the State of Missouri a list of the several persons employed by the hospital, together with the salary paid such employees, and

the Cancer Commission of the State of Missouri shall have the power and authority to reduce the number of employees and to reduce the salary of any of the employees therein.

"Section 6. The Cancer Commission of the State of Missouri shall make all necessary rules and regulations for the conduct and discipline of the State Cancer Hospital.

"Section 7. The State Cancer Hospital shall be primarily and principally designed for the care and treatment of indigent persons afflicted with cancer, such scientific research as will promote the welfare of indigent patients committed to its care and for the care of legal residents of Missouri only. Where such patient is unable financially to secure such care or, in the case of a minor, where the parent, guardian, trustee or other person having lawful custody of such minor's person, as the case may be, is unable financially to secure such care, the State Cancer Hospital is hereby designated as a place of treatment for such persons.

"Section 8. Whenever the existence of a case described in Section 7, of this Act shall come to the notice of the sheriff, health officer, public health nurse, peace officer, or any other public officer, or any physician or surgeon, it shall be his duty to, and any other person may, file with the Judges of the County Court of the county of the legal residence of such person, or if such person be a resident of the City of St. Louis, then with the corresponding authority of said City, an application for the treatment of such person at the State Cancer Hospital. Such application shall be made on blanks to be furnished by the State Cancer Hospital and shall contain a full statement of the financial situation of the person sought to be treated and a general statement of his physical condition. Upon the filing of such application, the Judges of the County Court shall make investigation in such manner as they

shall deem advisable, and it shall be the duty of any public official of any county, city, town, village or ward of the residence of the person to be treated to supply the Judges of the County Court on request thereof all information within their knowledge relative to the financial situation of the person sought to be treated. If, after such investigation, said Judges of the County Court shall be satisfied that the person on whose behalf the application is made is not financially able to provide himself with such treatment, or in case of a minor, that his parent, guardian or trustee, or the person having legal custody over him or legally responsible for his support of maintenance is not financially able to provide such treatment, then said Judges shall appoint a physician of said County whose duty it shall be to personally make an examination of the person on whose behalf said application for treatment has been filed. Said physician shall thereupon make and file with the Judges of the County Court a report in writing, setting forth the nature and history of the case, and such other information as will be likely to aid in the medical or surgical treatment, especially tumors and disease of a cancerous nature, affecting said person and shall also state in said report whether or not, in his opinion, the condition of such person can probably be alleviated. The report of said physician shall be made within such time as the court may direct, and upon blanks, to be furnished by the administrator of the State Cancer Hospital for that purpose. Said report shall include any information within the knowledge of said physician relative to the financial condition of the person proposed to be treated. The physician appointed to make said examination unless he is already a salaried officer of the State of some political subdivision thereof or municipal corporation therein therefore shall receive the sum of $5.00 for making said examination and in any case shall receive his actual and necessary expenses; which fee and expenses shall be paid by the county

of residence of the patient; and it shall be the duty of the county court of such county to provide for such payment. If, upon filing said report, the Judges of the County Court shall be satisfied that the patient is one who should be treated at the State Cancer Hospital and that the person to be treated, or his parent, guardian, trustee or other person having legal custody of his person in case of a minor, is not financially able to provide such person with proper treatment, the Judges of the County Court shall enter an order finding such facts. In case the Court is not satisfied they may take additional testimony or make such further investigation as to them shall seem proper. Upon the entry of the order of the Judges of the County Court, approving said application, they shall communicate with the Administrator of the State Cancer Hospital and ascertain whether or not the applicant can be received as a patient. If the State Cancer Hospital can receive such applicant the court shall thereupon certify their approval of such application to said hospital. In cases coming to the attention of the County Judges where proper and timely diagnosis may not be had locally, authority is hereby given to said Judges to make proper and necessary orders sending the patient of State Cancer Hospital for examination; the necessary expense incident thereto to be chargeable to the county of residence of the patient. A copy of each application and a copy of the report of the physician and court order in each case shall be sent to the Administrator of said hospital.

"Section 9. The State Cancer Hospital shall not make any charge directly to a patient admitted on certificate of the Judges of the County as heretofore outlined, but shall make a charge against the county from which said patient is sent only for the necessary maintenance and supplies used for the benefit of said patient.

"Section 10. No compensation shall be charged or received by an officer, or

the hospital, or by any physician or surgeon or nurse or other employee in its employment, who shall treat or care for any patient in said hospital, other than the compensation provided for such person by the Cancer Commission of the State of Missouri.

"Section 11. The administrator shall, under the direction of the Cancer Commission of the State of Missouri, cause, monthly, to be made out and forwarded to any county court which sum due and owing by such county court on account of such patient. Said County court, at its first session thereafter, shall proceed to allow and cause to be paid over to the Treasurer of the State of Missouri the amount of said account.

"Section 12. Whenever, in the opinion of the Administrator of the State Cancer Hospital, any patient should be discharged therefrom as cured, or as no longer needing treatment, or for the reason that further treatment cannot benefit his case, or for any other reason, said Administrator shall discharge said patient. If the patient is unable to return to his place of residence alone, said Administrator shall appoint some suitable person to accompany said patient from said hospital to his place of residence. Such person shall receive his actual and necessary expenses, if not a salaried officer of the State or any political subdivision thereof. The traveling expenses of all patients and expenses of each person appointed to accompany patients shall be part of the legitimate expenses of caring for such patients in the hospital and as such included in the monthly statement to the county court of the county of residence of the patient.

"Section 13. The Cancer Commission of the State of Missouri is empowered and directed to establish cancer clinics in the larger cities of the state on request of the local medical societies. All clinics are to be administered by committees appointed by the local medical organizations (county medical societies)

these committees to have charge of the administrative details connected with their respective clinics but in all cases they must conform with the minimum standards set by the Cancer Commission of the State of Missouri. These are:

"(a) The group diagnosis must consist of at least three men, preferably a surgeon, radiologist, and pathologist. When any of these are not available other physicians may be substituted.

"(b) It being essential that exact information along certain lines be furnished to facilitate and make certain investigation and aid in the treatment of cancer, therefore, all information requested by or sent to the State Cancer Commission shall be on forms furnished by the Cancer Commission to the end that the various local State clinics and practicing physicians and the State Cancer Commission have uniform records giving the information of each case treated.

"(c) Under the direction of the State Cancer Commission, a person trained in the work of following up each case of cancer and pre-cancer shall be employed in connection with the work of local clinics to the end that protection of proper skilled care and treatment is extended each patient at all times and a uniform record of each case is kept.

"The State Cancer Commission shall furnish money to defray the expenses of the skilled person engaged in this follow-up service to the patient, or said commission may furnish the local clinic with the part-time service of such a person so skilled in follow-up service, if the Commission deems such part-time service adequate.

"Section 14. The several counties and the City of St. Louis sending indigent patients to the cancer hospital shall pay semiannually such sums as the State Cancer Commission deem necessary not exceeding Five Dollars per month per patient; and in addition thereto the actual cost of their clothing and the expense of their removal to and from the hospital, and if they shall die therein,

for burial expenses an amount not to exceed $50.00, and, in case such indigent person shall die or be removed from the hospital before the expiration of six months, the cancer commission shall refund or cause to be refunded the amount due to the county entitled to the same.

"Section 15. The General Assembly shall appropriate out of the State Treasury such sums of money as is deemed necessary to establish and maintain an institution to be known as the Missouri State Cancer Hospital." (Name changed later to Ellis Fischel State Cancer Hospital.)

(Approved September 6, 1937)

Law passed in 1945 assigned the Cancer Commission to the Division of Health in the Department of Public Health and Welfare.

Appendix II

Profile of Cancer Control Program Activity in Other States

Rank Order Profile of Total Response

Organizational Pattern

	Total Response
Organized State Program	46.8%
Funds from State Government	21.2
Funds from Federal Government	19.1
Association with an RMP	19.1
Funds from both State and Federal Sources	14.8
Association with CHP	14.8
Support from State Division of Health	12.7
Support from a Division of ACS	8.5
Association with both RMP and CHP	8.5
Association with a State Medical Association	8.5
Association with a State Hospital Association	2.1

Component Pattern

Operational Cancer Registry	51.0%
Cervical Screening Activity	25.5
Public Education and/or Information Activity	19.1
Cancer Prevention Activity	19.1
Continuing Professional Education Activity	17.0
Cancer Detection Centers and/or Programs	10.6
Diagnostic/Treatment Activity	8.5
Rehabilitation Activity	4.2
Breast Screening Activity	2.1

N=47

Rank Order Profile of Response of Organized Programs

Organizational Pattern

	Response of Organized Programs
Funds from State Government	36.3%
Funds from Federal Government	36.3
Funds from both State and Federal Sources	31.8
Support from State Division of Health	27.2
Association with an RMP	27.2
Association with CHP	18.1
Association with both RMP and CHP	13.6
Association with a State Medical Association	13.6
Support from a Division of ACS	6.3
Association with a State Hospital Association	4.5

Component Pattern

Operational Cancer Registry	63.6%
Cancer Prevention Activity	40.9
Cervical Screening Activity	27.2
Public Education and/or Information Activity	27.2
Continuing Professional Education Activity	27.2
Cancer Detection Centers and/or Programs	22.7
Diagnostic/Treatment Activity	13.6
Rehabilitation Activity	4.5
Breast Screening Activity	0.0

N=22

Appendix III

Initial Summary of Hospital Survey

The attached Cancer Control Program questionnaire was sent to 165 hospitals in Missouri to assess facilities, services, and programs as they relate to the cancer patient. Eighty-nine questionnaires were returned and have been summarized.

Initial questionnaire summarization identified areas of solidarity as well as areas of gross deficiency. Further planning is necessitated to implement Cancer Control Program activity which will be specifically addressed to rectifying several of the problem areas.

MISSOURI STATE CANCER CONTROL PROGRAM

BUSINESS 70 AND GARTH AVENUE/COLUMBIA, MISSOURI 65201/PHONE (314) 443 3103

A Program of the Missouri Division of Health

TO: The Hospital Administrators of Missouri

FROM: Coordinator for Cancer Control (John S. Spratt, Jr., M.D.)

SUBJECT: Cancer Control Program Planning

DATE: May 21, 1973

We need your help. As a hospital administrator your opinions will be essential in planning an effective cancer control program for the state of Missouri. By cancer control we mean prevention, detection, treatment and rehabilitation as well as education of cancer patients, the general public and health professionals.

Your answers to the attached questionnaire will help the Missouri State Board of Health and the State Cancer Commission analyze the current status of programs and decide what needs to be provided in the future. Your cooperation will be greatly appreciated.

Please take your time in answering the questions as fully as possible. We do need to summarize responses prior to June 30, 1973, so your help is appreciated with this deadline.

A self-addressed stamped envelope is enclosed for your convenience in returning the response to us. Should questions arise, please don't hesitate to call Mr. Tom Thomas, Chief Planning Specialist, at 314-443-3103, ext. 265.

Thank you for your help and cooperation.

Sincerely,

John S. Spratt, Jr., M.D.
Coordinator for Cancer Control

Enclosure

CANCER CONTROL PROGRAM QUESTIONNAIRE

August 27, 1973

Questionnaires sent 165 Questionnaires returned 89

	Multiphasic Screening Program		Cancer Detection Program	
1. Has your hospital ever operated a multiphasic screening or cancer detection program?	Yes 4	No	Yes 7	No
IF YES: please give:				
Year started	19		19	
Year ended	19		19	
Program still operational	Yes 1	No	Yes4	No
IF YES: Please give type of funding for last fiscal year in which operating:				
Federal Grant	Yes	No	Yes 1	No
Federal Contract	Yes	No	Yes	No
State Contract	Yes	No	Yes	No
Other	Yes 1	No	Yes 4	No
If disbanded, why?				
Lack of Funding	Yes 2	No	Yes 1	No
Lack of Staff	Yes 1	No	Yes	No
Lack of Interest	Yes	No	Yes 1	No
Small Patient Load	Yes	No	Yes	No
2. Has your hospital ever participated in a cancer screening program of the cancer society, Division of Health, Regional Medical Program, etc.?				
American Cancer Society	Yes 4	No	Yes 4	No
Division of Health	Yes 1	No	Yes 1	No
Regional Medical Program	Yes 2	No	Yes 1	No
Other Agency	Yes 2	No	Yes 3	No

	Diagnostic x-ray	Radiation therapy
3. Does your hospital operate diagnostic x-ray equipment and/or radiation therapy equipment?	84 Yes 5 No	31 Yes 41 No
IF YES: How many times during the past year was the equipment calibrated?	#1 machine N = 66 Mean = 1.682 #2 machine N = 46 Mean = 1.543 #3 machine N = 29 Mean = 1.759	#1 machine N = 28 Mean = 2.464 #2 machine N = 14 Mean = 2.929 #3 machine N = 8 Mean = 3.250
Did a physicist do the last calibration?	51 Yes 25 No	30 Yes 5 No
IF NO: To what is the work normally referred?		
Another Hospital	11 Yes ___ No	23 Yes ___ No
A private firm	14 Yes ___ No	7 Yes ___ No
A University	3 Yes ___ No	7 Yes ___ No
Other	3	0

4. Do the following patient services exist in the county where your hospital is located?

Visiting Nurse Service	61 Yes	21 No	3 Don't know
Home-Health Aide Service	46 Yes	30 No	7 Don't know
Physical Therapy Service	67 Yes	13 No	5 Don't know
Speech Therapy Service	56 Yes	22 No	7 Don't know
Enterostomal Therapy Service	24 Yes	32 No	23 Don't know
Other service -- please:	7		

IF YES: Please make an approximation of the number of cancer patients referred by your hospital to such services in the last year.

Visiting Nurse Service	N = 19	Mean = 245.73
Home-Health Aide Service	N = 16	Mean = 161.56
Physical Therapy Service	N = 18	Mean = 58.72
Speech Therapy Service	N = 16	Mean = 13.68
Enterostomal Therapy Service	N = 13	Mean = 32.84

Are cancer patients referred by your hospital readily accepted by the existing services?

Visiting Nurse Service	44 Yes	No	16 Don't know
Home-Health Aide Service	33 Yes	1 No	20 Don't know
Physical Therapy Service	47 Yes	No	14 Don't know
Speech Therapy Service	37 Yes	No	19 Don't know
Enterostomal Therapy Service	24 Yes	No	24 Don't know

5. How often are professional educational programs offered to help the hospital staff understand the various types of cancer and better work with the cancer patient?

	Weekly	Monthly	Quarterly	Annually	No Program
Physicians	11	10	6	14	29
Registered Nurses	5	8	12	21	29
L.P.N.'s	4	5	14	20	30
Nurses Aide	2	6	13	17	33
Lab Techs.	2	6	3	7	42
Therapists speech, rehab., etc.	5	3	0	6	43
Social Workers	4	5	1	4	38

IF NO: Why are you generally unable to offer these educational programs for employees? (Check as many answers as are applicable.)

36 No staff with time to coordinate such programs.

38 No funds to hire someone to set up such programs and keep them going.

18 No outreach services that offer such programs.

9 Not knowing where to obtain the necessary educational resources.

19 Other -- please explain: _____

_____

9. Does your hospital have rehabilitation facilities and/or educational programs for the following types of cancer patients?

	Rehabilitation		Education	
Head and Neck	16 Yes	[illegible] No	22 Yes	57 No
Breast	24 Yes	[illegible] No	29 Yes	50 No
Extremities	21 Yes	[illegible] No	25 Yes	55 No
Rectal and Colon	19 Yes	[illegible] No	25 Yes	54 No
Genito - Urinary	13 Yes	[illegible] No	21 Yes	57 No
Nervous System	16 Yes	[illegible] No	22 Yes	57 No

IF YES: What forms of educational opportunities are available to cancer patients?

41 Discussion with Physician(s)
23 Discussion with social worker(s)
32 Discussion with clergy
25 Discussion with trained volunteers (e.g. Reach-to-Recovery, Ostomy and New Voice Clubs)
4 Group sessions (classes) for patients with similar problems
8 Health educators
11 Films
27 Distribution of pertinent literature
5 Other -- please explain: _____

IF NO: Why are you unable to offer these educational programs for patients? (Check as many answers as are applicable.)

33 No staff with time to coordinate such programs
36 No funds to hire someone to set up such programs and keep them going
15 No outreach services that could offer such programs
7 Not knowing where to obtain the necessary educational resources
7 Trained volunteers in the hospitals
16 Other -- Please explain: _____

7. Are there dentists on the medical staff of your hospital?

78 Yes
10 No

IF YES: Are dental facilities located within your hospital to provide services for the patients who require dental care as an adjunct to their treatment?

29 Yes
49 No

If your hospital provides radiotherapy services, does a dentist examine the oral cavity and recommend dental treatment prior to radiotherapy to the head and neck area if indicated?

20 Yes
28 No

Does your hospital have facilities for maxillofacial prosthetic rehabilitation of cancer patients who have had disfiguring surgery to the head and neck area?

15 Yes 64 No Intra-Oral
9 Yes 65 No Extra-Oral

8. How many cancer patients (Missouri residents) are admitted to your hospital per year? N = 65
Mean = 264.631

9. Please feel free to comment on any cancer research, programs, or grants within your hospital which might be expanded by a cancer control program for Missouri.

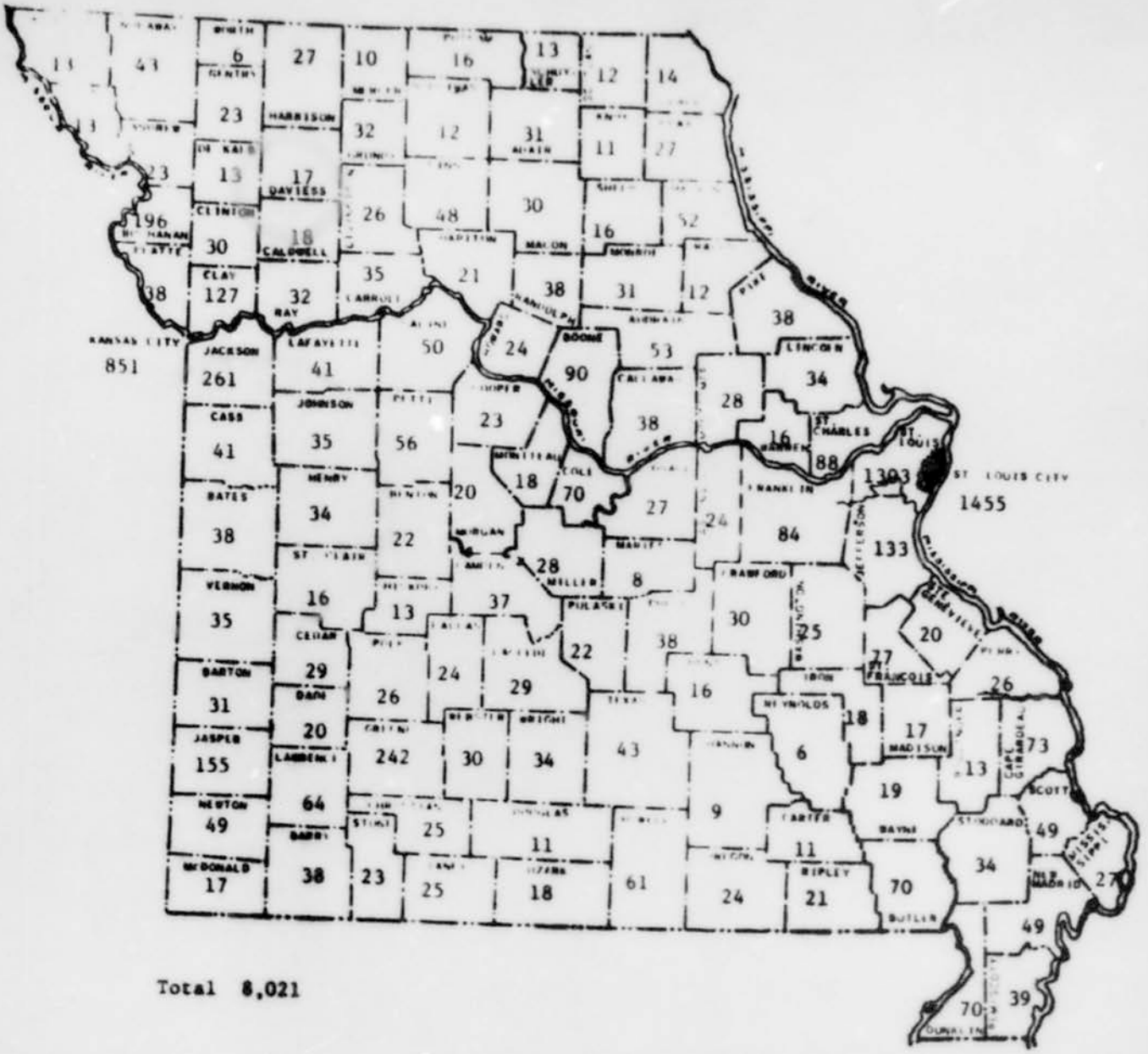
Appendix IV

Missouri Cancer Deaths by Residence 1971

Appendix IV

Missouri Cancer Deaths by Residence

1971

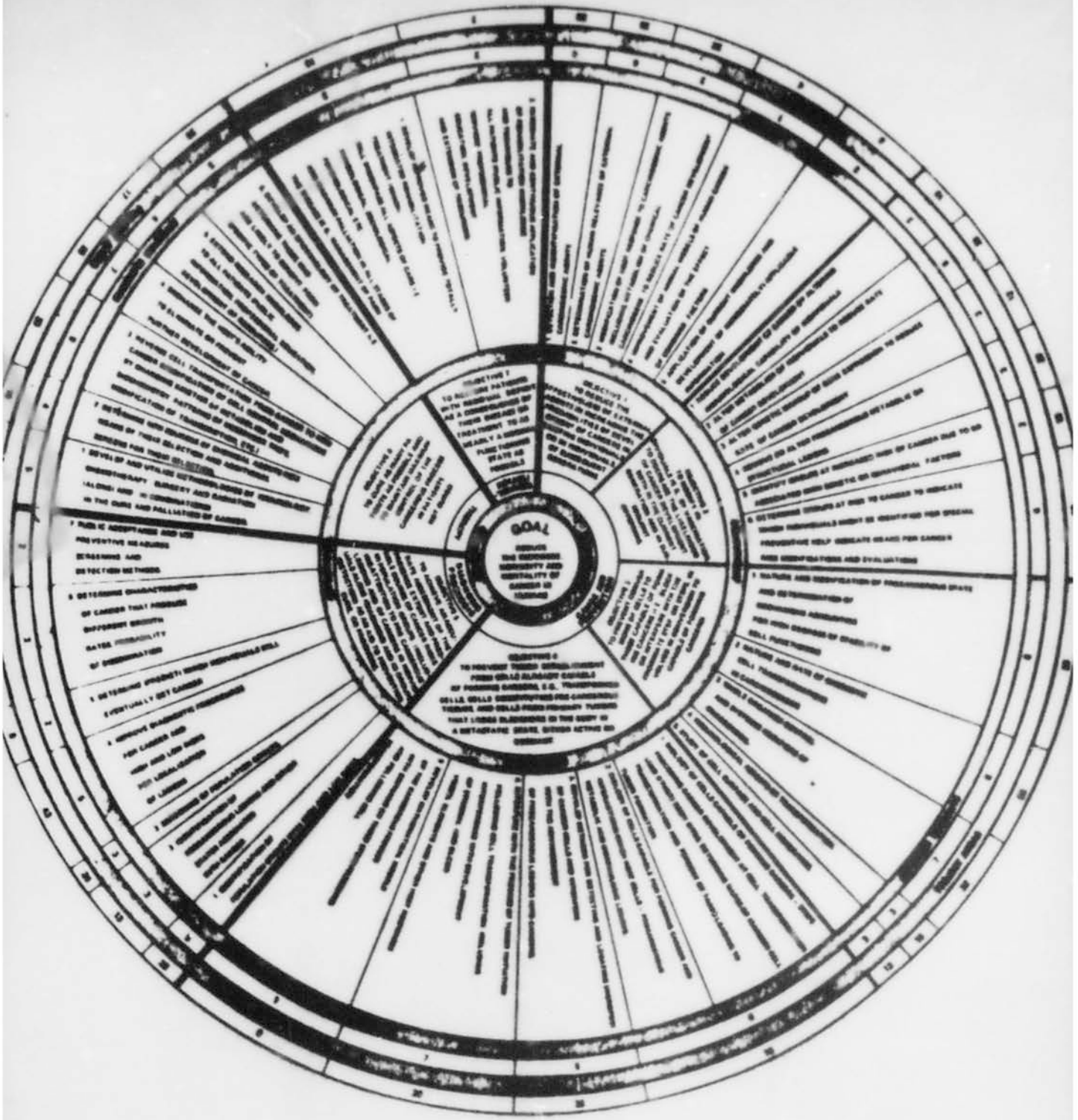


Total 8,021

Appendix V

National Cancer Program Plan

Research Strategy Hierarchy



RESEARCH STRATEGY HIERARCHY

Appendix VI

National Cancer Institute Grants and Contracts Active in Missouri

REPORT DATE = 05-24-73 LISTING OF ALL CANCER CONTRACTS ACTIVE TO DATE

NAME OF CONTRACTOR | CONTRACT TYPE | PROGRAM AREA | ADDRESS OF CONTRACTOR | ADDRESS/PERFORMED | NIH PROJECT OFFICER | FY | NEGOTIATION | BUDGET PERI

CONTRACT NUMBER
PRINCIPAL INVESTIGATOR
CONTRACT SPECIALIST
PURPOSE OF CONTRACT

MIDWEST RESEARCH INSTITUTE
NOICM33722
MUBBARD, H M
HARRIS BILL

CP | CHEMOTHERAPY
JUN72 | KANSAS CITY | MISSOURI
ANALYSIS OF CHEMICALS AND PHARMACEUTICAL FORMULATIONS

HEWITT, CLIFFORD A
73 | 163,063 | 04-01-73 | 03-31-74

MIDWEST RESEARCH INSTITUTE
NIH -72-3270
MUBBARD, H M
DOUGHERTY DENNIS

CP | CARCINOGENESIS
JUN72 | KANSAS CITY | MISSOURI
PROCUREMENT AND ANALYSIS OF CHEMICALS

RICE, JERRY
72 | 384,050 | 06-28-72 | 06-27-73

MIDWEST RESEARCH INSTITUTE
NIH -71-2763
LEE, CHENG-CHUN
LONGEN DANIEL

CR
JUN72 | KANSAS CITY | MISSOURI
TOXICOLOGIC EVALUATION OF CANCER CHEMOTHERAPEUTIC AGENTS

HOMAN, ELTON R
72 | 97,425 | 06-25-72 | 06-24-73

MIDWEST RESEARCH INSTITUTE
NIH -71-2283
LEE, CHENG-CHUN
LONGEN DANIEL

CR
JUN72 | KANSAS CITY | MISSOURI
TOXICOLOGIC EVALUATION OF CANCER CHEMOTHERAPEUTIC AGENTS

HOMAN, ELTON R
71 | 307 | 01-24-73 | 06-24-73

ST LOUIS UNIVERSITY
NIH -72-3274
LONGNECKER, DANIEL
TIDMORE JAMES

CR | CARCINOGENESIS
DE 71 | SAINT LOUIS | MISSOURI
SYNTHETIC NITROSO DERIVATIVES FOR PANCREAS CARCINOGENS

BATES, RICHARD R
72 | 26,420 | 06-28-72 | 05-31-73

UNIVERSITY OF MISSOURI
NIH -71-2323
GEHRKE, CHARLES W
MARRONE SAMUEL

CR | CHEMOTHERAPY
JUN71 | COLUMBIA | MISSOURI
DEVELOPMENT & APPLIC OF GAS CHROMATOGRAPHIC TECHNIQUES

WAALKES, T PHILLIP
73 | 3,745 | 02-01-73 | 06-23-73

UNIVERSITY OF MISSOURI
NIH -71-2323
GEHRKE, CHARLES W
MARRONE SAMUEL

CR
JUN71 | COLUMBIA | MISSOURI
DEVELOPMENT & APPLIC OF GAS CHROMATOGRAPHIC TECHNIQUES

WAALKES, T PHILLIP
72 | 94,433 | 06-24-72 | 06-23-73

ACTIVE AS OF MAY 1973 BY STATE,CITY,INSTITUTION AND PRINCIPAL INVESTIGATOR

INVESTIGATOR DEPARTMENT	PROJECT TITLE START DATE	END DATE	FY	GRANT NUMBER	PRJ YRS	DIRECT AWARD
MISSOURI						
COLUMBIA						
UNIVERSITY OF MISSOURI COLUMBIA						
[illegible], LEONARD M MEDICINE	LEUKOCYTE TURNOVER IN ACUTE LEUKEMIA AND LEUKOPENIAS 06-01-72	11-30-73	72	5R01CA11929-03	0	30,448
[illegible], PATRICK M MEDICINE	ROLE OF SIMIAN VIRUS 40 IN VIRAL ONCOGENESIS 05-01-73	04-30-74	73	5R01CA12555-03	0	35,482
[illegible], PATRICK M MEDICINE	ACUTE LEUKEMIA GROUP B 12-01-72	11-30-73	73	5R10CA12046-03	1	63,404
[illegible], WILLIAM S MEDICINE	VIRUS ALTERATIONS OF THE IMMUNE RESPONSE 02-01-73	01-31-74	73	5R01CA13112-02	1	31,950
[illegible], RAYMOND M VETERINARY MEDICINE & SURGERY	CELL-MEDIATED IMMUNITY IN AVIAN LEUKOSIS 02-01-73	01-31-74	73	5R01CA13134-02	1	38,030
[illegible], RAYMOND M VETERINARY MICROBIOLOGY	IMMUNOLOGIC ASPECTS OF AVIAN LEUKOSIS 06-01-72	05-31-73	72	5R01CA11309-02	1	25,339
[illegible], EVELYN E RADIOLOGY	COMPUTER ANALYSIS OF TUMOR ROENTGENOGRAMS 02-01-73	01-31-74	73	2R01CA06263-12	2	138,882
[illegible], CHARLES E MEDICINE	TRYPTOPHANE HEMATOLOGIC AND NEOPLASTIC DISEASE 01-01-73	12-31-73	73	5R01CA11446-05	1	26,074

INVESTIGATOR DEPARTMENT	PROJECT TITLE START DATE	END DATE	FY	GRANT NUMBER	POT YRS	DIRECT AWARD
MISSOURI						
COLUMBIA						
UNIVERSITY OF MISSOURI COLUMBIA						
MENGEL, CHARLES E MEDICINE	EFFECT OF HYPEROXIA ON NORMAL AND NEOPLASTIC CELLS 01-01-73	12-31-73	73	5R01CA11447-05	1	35,539
WOOD, RANDALL MEDICINE	TUMOR LIPIDS: METABOLISM AND STRUCTURAL STUDIES 02-01-73	01-31-74	73	5R01CA12973-02	2	49,435
						474,633 10
COLUMBIA						
CANCER RESEARCH CENTER						
[illegible], HAROLD P MEDICINE	WESTERN COOPERATIVE CANCER CHEMOTHERAPY GROUP 01-01-73	12-31-73	73	5R10CA06800-11	0	72,950
[illegible], JOHN S, JR NONE	CANCER CLINICAL CENTER GRANT 02-01-73	01-31-74	73	2P02CA08023-09	1	361,423
						434,373 2
[illegible] CITY						
VETERANS ADMINISTRATION HOSPITAL						
MELLINGER, GEORGE T VETERANS ADMINISTRATION HOSPIT	VETERANS ADMIN COOPERATIVE UROLOGICAL RESEARCH GROUPS 09-01-72	08-31-73	73	5R10CA12443-03	1	290,287
						290,287 1

ACTIVE AS OF MAY 1973 BY STATE,CITY,INSTITUTION AND PRINCIPAL INVESTIGATOR

INVESTIGATOR DEPARTMENT	PROJECT TITLE START DATE	END DATE	FY	GRANT NUMBER	FUT YRS	DOLLARS AWARDED
MISSOURI						
SAINT LOUIS						
UNIVERSITY OF MISSOURI ST. LOUIS						
[illegible], GARY T BIOLOGY	GENETICS AND BIOCHEMISTRY OF TUMOR INDUCTION 09-01-72	08-31-73	73	7R01CA14516-01	1	57,618
						57,618
						1
SAINT LOUIS						
ST. LOUIS UNIVERSITY						
[illegible], ROBIN K MICROBIOLOGY	MECHANISM OF TRANSFORMATION BY ONCOGENIC RNA VIRUSES 10-01-72	09-30-73	73	5R01CA12340-02	1	84,645
[illegible], RONALD S BIOCHEMISTRY	MITOCHONDRIAL K PERMEABILITY AND ENERGY CONSERVATION 05-01-73	04-30-74	73	5R01CA11766-03	0	33,674
[illegible], PHILIP A BIOCHEMISTRY	ONCOGENIC AND HORMONAL CONTROL OF RNA METHYLATION 01-01-73	12-31-73	73	5R01CA13178-02	1	87,776
[illegible], DAYTON M MICROBIOLOGY	CONTROL AND REGULATION OF CARBOHYDRATE BIOSYNTHESIS 07-01-72	06-30-73	73	5R01CA12080-03	3	69,617
[illegible], MITCHELL J INST FOR MOLECULAR VIROLOGY	GENE EXPRESSION OF ONCOGENIC VIRUSES 10-01-72	09-30-73	73	5R01CA12560-02	3	40,104
[illegible], STAFFORD T BIOCHEMISTRY	COMPLETION OF ENZYME BIOSYNTHESIS IN VITRO 05-01-73	04-30-74	73	5R01CA12545-03	0	29,550
[illegible], EDWARD A MICROBIOLOGY	VIRAL ONCOGENESIS 01-01-73	12-31-73	73	7R01CA14151-04	4	98,125

ACTIVE AS OF MAY 1973 BY STATE,CITY,INSTITUTION AND PRINCIPAL INVESTIGATOR

INVESTIGATOR / DEPARTMENT	PROJECT TITLE	START DATE	END DATE	FY	GRANT NUMBER	PGT YRS	DOLLARS AWARDED
							403,291
MISSOURI SAINT LOUIS WASHINGTON UNIVERSITY BISCHOFF, E RICHARD ANATOMY	MECHANISMS OF CELLULAR GROWTH AND DIFFERENTIATION	06-01-72	05-31-73	72	5R01CA12964-02	1	28,186
BUTCHER, HARVEY R, JR SURGERY	NATIONAL SURGICAL ADJUVANT BREAST PROJECT	05-01-73	04-30-74	73	5R10CA12030-03	0	18,767
[illegible], JR PREV MED AND PUBLIC HEALTH	SYMPTOMATIC HEMOLYTIC ANEMIA IN MALIGNANT DISEASE	09-01-72	08-31-73	73	5R01CA02518-17	0	31,762
[illegible], BARRY BIOLOGY	FREE RADICALS IN PHYSIOLOGICAL & PATHOLOGICAL PROCESSES	05-01-73	04-30-74	73	5R01CA03983-16	0	150,992
[illegible], GEORGE R BIOLOGICAL CHEMISTRY	MECHANISM OF BIOLOGICAL HYDROGEN TRANSFER REACTIONS	01-01-73	12-31-73	73	5R01CA03980-16	0	47,425
[illegible], HERMAN N MICROBIOLOGY	IMMUNITY TO MYELOMA TUMORS	09-01-72	08-31-73	73	1R01CA14035-01	4	117,988
[illegible], SAMUEL B MEDICINE	CANCER CENTER EXPLORATORY STUDIES	06-01-72	05-31-73	72	1P01CA12921-01	1	90,957
[illegible], STUART A MEDICINE	THE STRUCTURE AND BIOLOGIC FUNCTION OF GLYCOPROTEINS	09-01-72	08-31-73	73	5R01CA08759-07	1	73,206

ACTIVE AS OF MAY 1973 BY STATE,CITY,INSTITUTION AND PRINCIPAL INVESTIGATOR

INVESTIGATOR DEPARTMENT	PROJECT TITLE START DATE	END DATE	FY	GRANT NUMBER	PRJ OBS	[illegible]
MISSOURI						
SAINT LOUIS						
[illegible] UNIVERSITY						
LOEB, VIRGIL, JR MEDICINE	SOUTHEASTERN CANCER STUDY GROUP 01-01-73	12-31-73	73	5R10CA03376-17	1	54,975
OLIVER, GEORGE D, JR RADIOLOGY	INVESTIGATIONS RELEVANT TO PIOK CANCER THERAPY 05-01-73	04-30-74	73	1R01CA14722-01	1	38,899
[illegible], CHARLES W MEDICINE	CYTOTOXIC ANTITUMOR ANTIBODIES 11-01-72	10-31-73	73	5R01CA12626-02	1	78,345
PEREZ, CARLOS A RADIOLOGY	RADIATION THERAPY ONCOLOGY GROUP 01-01-73	12-31-73	73	5R10CA12261-02	0	23,178
[illegible], WILLIAM E RADIOLOGY	CLINICAL CANCER RADIATION THERAPY RESEARCH CENTER 03-01-73	02-28-74	73	5P02CA13053-02	3	1,101,744
[illegible], MILTON J MICROBIOLOGY	RNA-ENVELOPE VIRUS FORMATION IN ANIMAL CELLS 01-01-73	12-31-73	73	1R01CA14311-01	3	51,093
SCHLESSINGER, DAVID BIOCHEMISTRY	CONTROL OF NORMAL AND TUMOR CELL GROWTH 03-01-73	02-28-74	73	5R01CA12021-03	0	56,615
STAHL, PHILIP D PHYSIOLOGY AND BIOPHYSICS	BIOGENESIS OF LYOSOMES NORMAL AND NEOPLASTIC TISSUE 11-01-72	10-31-73	73	5R01CA12858-02	2	31,892
STERLING, THEODOR D APPLD MATH & COMPUTER SCIENCE	OPTIMIZING AUTOMATED RADIATION TREATMENT PLANNING 06-01-72	05-31-73	72	5R01CA10208-07	0	31,122

ACTIVE AS OF MAY 1973 BY [illegible], INSTITUTION AND PRINCIPAL INVESTIGATOR

PROJECT TITLE	START DATE	END DATE	FY	GRANT NUMBER	PRJ YRS	[illegible]
MISSOURI						
SAINT LOUIS						
*WASHINGTON UNIVERSITY						
TRAUB, ROBERT E						
BIOLOGICAL CHEMISTRY						
CONTROL OF PROTEIN SYNTHESIS IN VIRAL ONCOGENESIS	01-01-73	12-31-73	73	5R01CA13008-02	1	52,279
TOLBACH, L J						
RADIOLOGY						
EFFECTS OF X-RAYS ON NORMAL AND MALIGNANT CELLS	10-01-72	09-30-73	73	2201CA04483-14	2	133,805
VIETTI, TERESA J						
PEDIATRICS						
SOUTHWEST CANCER CHEMOTHERAPY STUDY GROUP	01-01-73	12-31-73	73	2810CA05587-13	1	142,748
WHITE, PRIMUS						
PREV MED AND PUBLIC HEALTH						
MATHEMATICAL BIOLOGY OF NEOPLASTIC GROWTH	07-01-72	06-30-73	73	5R01CA10702-04	0	45,344
						2,401,322
						21
						4,061,324
						42

June 20, 1973

ACTIVE NATIONAL CANCER INSTITUTE TRAINING
SUPPORT IN THE STATE OF MISSOURI

GROUP I. GRADUATE RESEARCH TRAINING PROGRAM

GRANT NUMBER	PROGRAM DIRECTOR	INSTITUTE	TITLE OF PROJECT	ACTIVE DATES	AMOUNT
T1 CA-5247-02	Henry, Patrick	Un. of Missouri Medical Center Columbia	Research Training in Medical & Pediatric Oncology - Hematology	7/1/73-6/30/74	$ 14,472
T1 CA-5139-11	Powers, William	Washington Un. Sch. of Medicine St. Louis	Radiation Therapy	7/1/73-6/30/74	53,292
T1 CA-5201-07	Ackerman, Lauren	Washington Un. Sch. of Medicine St. Louis	Cancer Surgical Pathology Training Program	7/1/73-6/30/74	52,335
		TOTAL GRANTS - (3)		TOTAL MONEY	$120,099

GROUP II. CLINICAL CANCER TRAINING PROGRAM

GRANT NUMBER	PROGRAM DIRECTOR	INSTITUTE	TITLE OF PROJECT	ACTIVE DATES	AMOUNT
T12 CA-8018-04	Spratt, John	Ellis Fischel Hosp. (Cancer Res. Cent.) Columbia	Clinical Cancer Training - Hospital	7/1/73-6/30/74	$107,455
T12 CA-8048-06	Ledwick, Gwilym	Un. of Missouri Sch. of Medicine Columbia	Clinical Cancer Training - Medical	7/1/71-6/30/73	73,609

GROUP II. CLINICAL CANCER TRAINING PROGRAM

GRANT NUMBER	PROGRAM DIRECTOR	INSTITUTE	TITLE OF PROJECT	ACTIVE DATES	AMOUNT
T12 CA-8039-08	**Hall, Raymond**	**Kansas City Coll. of Osteopathy**	**Clinical Cancer Training - Osteopathy**	7/1/73-6/30/74	**$ 20,467**
T12 CA-8033-07	**Butcher, Harvey**	**Washington Un. Sch. of Medicine St. Louis**	**Clinical Cancer**	7/1/73-6/30/74	**62,178**
		TOTAL GRANTS - (4)		TOTAL MONEY	$262,729

Appendix VII

Proposed Missouri Cancer Control Program Planning Outline

Missouri State Cancer Control

Program Outline

Major Field

II. Bio-Hazard Prevention and Control*

Program

A. 18 Cancer*

1. Program Units Operating and Projected Plans

1.1 Cancer Control Planning Unit

1.2 Ellis Fischel State Cancer Hospital

1.3 The Cancer Research Center

1.4 Educational Support Unit

1.5 Cancer Registry Program

1.5.1 State

1.5.2 Special

1.6 Cervical Cytology Program

2. State Resources to be Assessed

2.1 Resources of the Government of the State of Missouri

2.1.1 Missouri Division of Health

* Numerical identification of major field and program from an outline in memo from Mr. Joe Reichart, Missouri Division of Health, to section and program directors on May 11, 1973 regarding program reporting.

2.1.2 Ellis Fischel State Cancer Hospital

2.2 National Cancer Institute Grants and/or Contracts

2.3 Missouri Division, Inc., American Cancer Society

2.4 Oncology Section, The Missouri Academy of Science

2.5 Cancer Programs Approved by the American College of Surgeons

2.6 Environmental Surveillance Activities

3. Rehabilitation Resources and Services

3.1 Maxillofacial Prosthetics

3.2 Enterostomal Therapy

4. Program Planning Activity

4.1 Survey of Cancer Control Programs in Other States

4.2 Survey of Physicians Referring Patients to EFSCH

4.3 Survey of Former Patients of EFSCH

4.4 Survey of Chairpersons and/or Boardmembers

4.5 Survey of Selected Persons within the Missouri Division of Health

4.6 Survey of Hospital Resources and/or Facilities for Cancer Patients in Missouri

5. Proposed Planning

5.1 Survey of Health Professionals in Missouri

5.2 Survey of Planned Parenthood Resources Available to Missourians for Cytological Screening for Cancer of the Cervix

5.3 Development of Pilot Models for Detection Center, Maxillofacial Prosthetics Center, Public Education Activities, Patient Education Activities

REFERENCES

1. '73 Cancer Facts & Figures, American Cancer Society Publication, New York, 1973, pp. 3-6.

2. Report of the National Panel of Consultants on the Conquest of Cancer, U.S. Government Printing Office Document No. 97-9, Washington, 1971, pp. 31-38.

3. '73 Cancer Facts & Figures, op. cit., p. 28.

4. Report of the National Panel on Consultants on the Conquest of Cancer, op. cit., pp. 11-16.

5. Monthly Vital Statistics Report, Vol. 6, No. 4, Missouri Division of Health, Jefferson City, June, 1972.

6. CA - A Cancer Journal for Clinicians, American Cancer Society Publication, Vol. 23, No. 1, New York, Jan. - Feb., 1973, pp. 18-19.

7. Cancer Programs Approved, (including supplement to April 15, 1973), Bulletin of the American College of Surgeons, Vol. 58, No. 4, April, 1973, pp. 6-7.

8. Annual Report Program Highlights of the Missouri Division, Inc., American Cancer Society, 1971-72, Jefferson City, 1972.

OFFICE OF THE PRESIDENT

DATE 2/15

____ DR. CLARK	____ MRS. SCHWARTZ
____ MR. LEON	____ MRS. WEAVER
____ MRS. LOWREY	____
____ MISS RIDER	____ DR. RAWSON
____ MRS. KOLENDA	____ MRS. LUCAS
✓ MRS. HALE	____ MRS. BRANDENBERGER
____ MRS. MCDANIEL	____ MR. HERREN
____ MRS. NEELLEY	____ DR. COPELAND

_____ FOR YOUR INFORMATION

_____ SEE ME FOR DISCUSSION

_____ PLEASE HANDLE THIS

_____ FOR YOUR APPROVAL

_____ FOLLOW-UP

_____ FILE

_____ RETURN TO ME

NOTE:

PSF(1-118)

_____
INITIAL

Tell Tes if he calls for

ACTION

Have left word

INFO

@ Smythe's office, Mrs

DATE Yeme, rch, rdm's

office

[redacted]

2/13/74

Be sure RLC gets message

INFO:

Dr. Talbot called this afternoon at 1:15 and gave me a message to give to RLC. He (Talbot) said that he talked to RLC this morning about 8:30 about RLC looking into the AACI contract with ~~Dr~~. Mr. McShulskis, Morrison, and Parkman. Talbot talked with Parkman and he was told that the contract had another stage of review ~~s~~ to go through and that they would hear in another few days. ~~[redacted]~~ Talbot thought that RLC should know before going to Washington.

tn

RLC never called in

2/13/74 — RLC saw

FROM THE DESK OF:

JOHN E. HEALEY, JR., M.D.

2/6/74

Dr. Clark,

I just returned from a site visit to Ellis Fischel and Jack Spratt asked me to deliver the attached copy to you.

Respectfully,

Jack

PSF(U-77)

10.1

Frankel-
1-21-74

16 January 1974

Frank J. Rauscher, Jr., M.D.
Director
National Cancer Institute
900 Rockville Pike
Bethesda, Maryland 20014

Dear Dr. Rauscher:

Your interest in our program expressed at the Puerto Rico meeting was very much appreciated. With your encouragement, we will accelerate the submission of our center grant application.

As I expressed to you, I feel that the most significant handicap from which our center suffers is the almost total lack of any representation of our staff on any national board, panel or study section in the NCI. Without such representation, it is simply not possible for us to enter into the national dialogue in any really effective way. In the absence of such representation, we have regarded Federal support as being facile and have concentrated greater effort on local image and local support, which has grown progressively. Our Congressmen, State legislators and community leaders are our strongest supporters and seem to appreciate this emphasis.

Fortunately, we have a great deal of our center grant application completed. Knowing of your personal interest, we will now accelerate its completion. We have submitted a letter of intent. Subsequent to that, we have had the benefit of consultative site visits from John Yarbro and Robert Goehle. You might be interested in the exchange of correspondence that succeeded those visits, which are enclosed.

In addition, our laboratory building is coming along according to schedule. We should have 20,000 square feet of space by next summer. I wish to inquire whether funds might be requested from the 60 million one-time fund you have this year for equipping this building. If these monies are available, please send quidelines and an application kit.

With respect to specific suggestions for study sections, these are covered in the enclosed list with attached curriculum vitae. The only study section appointment we have is on the Cancer Control Education Review Committee, to which I have just been appointed. I greatly appreciate this appointment. However, after having served four years on the Cancer Clinical Training Grant

Study Section, I had really hoped for a "promotion" and would like to serve on one of the following bodies:

1. National Cancer Advisory Board
2. Cancer Control Program Advisory Committee
3. Center Grant Study Section

If at any time during the coming year I can be of assistance to you in my role as president of the AACI, do not hesitate to call on me.

With best regards.

Sincerely,

John S. Spratt, Jr., M.D.
Director

Possible Areas of Useful Service for Senior CRC-EFSCH Staff

National Cancer Advisory Board:	John S. Spratt, Jr. MSPH, MD Chief Surgeon, Ellis Fischel State Cancer Hospital and Director, Cancer Research Center
Cancer Clinical Investigation Review Committee:	William L. Donegan, MD Director, Clinical Research Unit, Cancer Research Center and Surgeon, Ellis Fischel State Cancer Hospital
	Hugh S. Harris, MD Surgeon, Ellis Fischel State Cancer Hospital and Assistant Scientist, Cancer Research Center
Cancer Research Center Review Committee:	John S. Spratt, Jr., MSPH, MD Chief Surgeon, Ellis Fischel State Cancer Hospital and Director, Cancer Research Center
	Harry D. Brown, PhD Chairman, Department of Biochemistry and Associate Director for Program Development, Cancer Research Center
	William L. Donegan, MD Director, Clinic Research Unit, Cancer Research Center and Surgeon, Ellis Fischel State Cancer Hospital
Cancer Research Training Committee:	Harry D. Brown, PhD Chairman, Department of Biochemistry and Associate Director for Program Development, Cancer Research Center
Chemotherapy Advisory Committee:	Reginald P. Pugh, MD Chief of Staff, Chief of Clinics, Chief of the Department of Internal Medicine, Ellis Fischel State Cancer Hospital and Senior Scientist, Cancer Research Center
Cancer Control Program Advisory Committee:	John S. Spratt, Jr., MSPH, MD Chief Surgeon, Ellis Fischel State Cancer Hospital and Director, Cancer Research Center
	Francis R. Watson, PhD Chairman, Department of Biomathematics Cancer Research Center

	Thomas S. Thomas, MEd Assistant Director, Community Cancer Control, Cancer Research Center
Cancer Control Education Review Committee:*	C.E. Gene Ridenhour, MD Surgeon, Ellis Fischel State Cancer Hospital and Assistant Scientist, Cancer Research Center
Colon-Rectum Cancer Advisory Committee:	Carlos Perez-Mesa, MD Chairman, Department of Pathology, Ellis Fischel State Cancer Hospital and Senior Scientist, Cancer Research Center
Epidemiology Advisory Committee:	Francis R. Watson, PhD Chairman, Department of Biomathematics, Cancer Research Center
Etiology Program Advisory Committee:	Harry D. Brown, PhD Chairman, Department of Biochemistry and Associate Director for Program Development, Cancer Research Center
National Advisory Dental Research Council:	Oscar N. Guerra, DDS Chairman, Department of Dentistry and Maxillofacial Prosthetics, Ellis Fischel State Cancer Hospital and Senior Scientist, Cancer Research Center
Dental Research Institutes and Special Programs Advisory Committee:	Oscar N. Guerra, DDS Chairman, Department of Dentistry and Maxillofacial Prosthetics, Ellis Fischel State Cancer Hospital and Senior Scientist, Cancer Research Center
Dental Training Committee:	Oscar N. Guerra, DDS Chairman, Department of Dentistry and Maxillofacial Prosthetics, Ellis Fischel State Cancer Hospital and Senior Scientist, Cancer Research Center
National Advisory Environmental Health Sciences Council:	Harry D. Brown, PhD Chairman, Department of Biochemistry and Associate Director for Program Development, Cancer Research Center

*Dr. Ridenhour would replace Dr. Spratt on this study section. The combination of his background in education and his clinical experience make him unusually well qualified for this study section. Dr. Edwards knows him and he has served on a site visit with Dr. Veronica Conley.

National Advisory General Medical Sciences Council:	Harry D. Brown, PhD Chairman, Department of Biochemistry and Associate Director for Program Development, Cancer Research Center
Epidemiology and Biometry Training Committee:	Francis R. Watson, PhD Chairman, Department of Biomathematics, Cancer Research Center
Microbiology Training Committee:	Asa Barnes, Jr., MD Pathologist, Ellis Fischel State Cancer Hospital and Associate Scientist, Cancer Research Center
Pathology Training Committee:	Carlos Perez-Mesa, MD Chairman, Department of Pathology, Ellis Fischel State Cancer Hospital and Senior Scientist, Cancer Research Center
	Asa Barnes, Jr., MD Pathologist, Ellis Fischel State Cancer Hospital and Associate Scientist, Cancer Research Center
Pharmacology-Toxicology Program Committee:	Harry D. Brown, PhD Chairman, Department of Biochemistry and Associate Director for Program Development, Cancer Research Center
Radiology Training Committee:	James M. Thomson, MD Chairman, Department of Radiotherapy Ellis Fischel State Cancer Hospital and Senior Scientist, Cancer Research Center
Epidemiology and Biometry Advisory Committee:	Francis R. Watson, PhD Chairman, Department of Biomathematics, Cancer Research Center
Medical Devices Applications Committee:	Harry D. Brown, PhD Chairman, Department of Biochemistry and Associate Director for Program Development, Cancer Research Center
Biochemistry Study Section:	Harry D. Brown, PhD Chairman, Department of Biochemistry and Associate Director for Program Development, Cancer Research Center
Biophysics and Biophysical Chemistry A Study Section:	Harry D. Brown, PhD Chairman, Department of Biochemistry and Associate Director for Program Development, Cancer Research Center

Computer and Biomathematical Sciences Study Section:	Francis R. Watson, PhD Chairman, Department of Biomathematics, Cancer Research Center
Dental Study Section:	Oscar N. Guerra, DDS Chairman, Department of Dentistry and Maxillofacial Prosthetics, Ellis Fischel State Cancer Hospital and Senior Scientist, Cancer Research Center
Epidemiology and Disease Control Study Section:	Francis R. Watson, PhD Chairman, Department of Biomathematics, Cancer Research Center
Population Research Study Section:	Francis R. Watson, PhD Chairman, Department of Biomathematics, Cancer Research Center
Radiation Study Section:	James M. Thomson, MD Chairman, Department of Radiotherapy, Ellis Fischel State Cancer Hospital and Senior Scientist, Cancer Research Center
	Clifford M. Richter, PhD Chairman, Department of Radiation Physics, Ellis Fischel State Cancer Hospital and Assistant Scientist, Cancer Research Center
Surgery A Study Section: Surgery B Study Section:	John S. Spratt, Jr., MSPH, MD Chief Surgeon, Ellis Fischel State Cancer Hospital and Director, Cancer Research Center
	Hugh S. Harris, MD Surgeon, Ellis Fischel State Cancer Hospital and Assistant Scientist, Cancer Research Center
	William L. Donegan, MD Director, Clinical Research Unit, Cancer Research Center and Surgeon, Ellis Fischel State Cancer Hospital
	C.E. Gene Ridenhour, MD Surgeon, Ellis Fischel State Cancer Hospital and Assistant Scientist, Cancer Research Center
National Advisory Council on Nurse Training:	Mary Sue Hamilton, RN, BSN Director of Nursing, Ellis Fischel State Cancer Hospital

	Myrtle Rapp, RN, BS Enterostomal Therapist, Ellis Fischel State Cancer Hospital
Dental Health Research and Education Advisory Committee:	Oscar N. Guerra, DDS Chairman, Department of Dentistry and Maxillofacial Prosthetics, Ellis Fischel State Cancer Hospital and Senior Scientist, Cancer Research Center
Dental Education Review Committee:	Oscar N. Guerra, DDS Chairman, Department of Dentistry and Maxillofacial Prosthetics, Ellis Fischel State Cancer Hospital and Senior Scientist, Cancer Research Center
Biomedical Library Review Committee:	Robert C. Hahn, MLS Librarian, Cancer Research Center

CV's enclosed:

Dr. Barnes
Dr. Brown
Dr. Donegan
Dr. Guerra
Mr. Hahn
Ms. Hamilton
Dr. Harris
Dr. Perez-Mesa
Dr. Pugh
Ms. Rapp
Dr. Richter
Dr. Ridenhour
Mr. Thomas
Dr. Thomson
Dr. Watson

10.1

A Personal Tribute to
Sidney Farber, M.D.
(1903-1973)

On March 30, 1973, Dr. Sidney Farber, the founding father of cancer chemotherapy, died at the age of 69. Surely the world will never be the same.

Dr. Farber is perhaps best known for his monumental and pioneering discoveries that aminopterin could produce temporary remissions in patients with acute leukemia and that actinomycin D could greatly increase the life expectancy of children with metastatic Wilm's tumor. But I remember him as a successful advocate for more funds for cancer research from the Congress and the public and as a kind, dedicated physician. Cured of cancer himself, he took meticulous care of his little patients bringing to them an extra dimension of empathy.

He built for them the first institution devoted to research and the care of children with leukemia and other cancers, the Children's Cancer Research Foundation in Boston. He initiated the concept of total patient care, which included the integration of hospital services with research programs, teaching and interdisciplinary consultations. He was responsible for the simple things, the cheerfully decorated rooms, toys and television sets; and for the major things, supportive counselling for distraught parents and therapeutic innovations such as platelet transfusions to prevent hemorrhage and allow chemotherapy to take its full effect. As professor of pathology at Harvard Medical School and the founder of modern pediatric pathology, he trained more medical students, residents and fellows in this field than anyone during his 40 years on the faculty.

Dr. Farber fought for the cause of cancer control in the laboratory, in the hospital and also before the nation. For more than 20 years, with a passionate attention to formulating a public policy for the eradication of cancer, he served on the National Cancer Institute Advisory Councils and committees. He was Chairman of the Panel on Cancer of the President's Commission on Heart Disease, Cancer and Stroke, and Co-Chairman of the 1970 Senate Panel of Consultants on the Conquest of Cancer. Devoting his life to establishing cancer control as a national priority, Dr. Farber saw his concept of cooperation between government and the private sector enhanced by the National Cancer Act of 1971, the first legislation of its kind. Each year he appeared before Congressional committees to support the budget of the National Cancer Institute.

As a mainstay of the American Cancer Society and as its President from 1968-1969, he stressed the importance of detecting early cancer and increased the allocations for public and professional education to achieve this goal. He expended the Society's program of clinical investigation by fostering studies on cancer prevention, diagnosis and treatment. He also

established the Cancer Chemotherapy National Service Center.

One would think that in his later years, this great and good man, the recipient of countless honors, including the 1966 Albert Lasker Medical Research Award would have been content to look back on his accomplishments in service to humanity. But Dr. Farber was never content with past performance and often admitted his frustration at the slow progress of research.

The greatest tribute we could pay Sidney Farber in recognition of his personal and professional commitment would be to complete the work he began, and to make his dream -- the conquest of cancer -- a reality.

Mrs. Albert D. Lasker
Honorary Chairman,
Board of Directors
American Cancer Society, Inc.

10.1 file

January 18, 1974

Dr. Edwin A. Mirand
Associate Institute Director
Roswell Park Memorial Institute
666 Elm Street
Buffalo, New York 14203

Dear Ed:

Enclosed is a draft of the minutes of the meeting with representatives of Informatics, NCI, AACI, and CICA, on January 12, in San Juan, Puerto Rico. We would appreciate your review of these. Should you have any changes or comments, please send them to me. A final copy, if significant changes are made, will be mailed to you at a later date.

Sincerely yours,

R. Lee Clark, M.D.
President

RLC:jh
Enclosure

LIKE LETTER SENT TO THE FOLLOWING
Dr. Gerald Murphy
Dr. John Spratt
~~Dr. Alton Sutnick~~ - Sent minutes to Talbot
Dr. Timothy Talbot

Copies of the minutes were handed to those representatives at the January 16-18 meeting at MDA.

Meeting regarding the compilation of an International Directory of Cancer Centers, Institutes and Individuals involved in cancer research, treatment, and education.

San Juan, Puerto Rico January 12, 1974

Present:	Dr. R. Lee Clark (acting chairman)	M.D. Anderson Hospital Houston, Texas
	Dr. Murray Copeland	M.D. Anderson Hospital
	Mr. Arthur Elias	Informatics, Inc.
	Mr. Don King	Informatics, Inc.
	Mr. Patrick Leon	M.D. Anderson Hospital
	Dr. Edwin Mirand	Roswell Park Memorial Institute
	Dr. Gerald Murphy	Roswell Park Memorial Institute Buffalo, New York
	Dr. John Spratt	Cancer Research Center Columbia, Missouri
	Dr. Alton Sutnick	Institute for Cancer Research Philadelphia, Pa.
	Mr. Sam Tancredi	NCI-Office of International Affairs
	Dr. Timothy Talbot	Institute for Cancer Research Philadelphia, Pa.
Absent:	Dr. Gregory O'Conor (chairman)	NCI-Office of International Affairs

Dr. Clark was asked to chair the meeting, as Dr. O'Conor was not able to attend the meeting. Dr. Clark and Dr. Murphy are members of the CICA (Committee for International Collaborative Activities) of the UICC, the Committee that acts as the advisory committee for the ICRDB (International Cancer Research Data Bank). Dr. Clark has also been requested to chair a study group on Directories of the CICA and is to be responsible for a preliminary working paper on the possible scope and content of the International Directory of Cancer Institutes and Centers, to be discussed at the meeting of CICA in May, 1974 in Geneva.

Dr. Clark opened the meeting by listing the chief reasons the meeting was called this day. Discussions were expected to concentrate on the following 4 items:

I. The Directory of Cancer Institutes and Centers (International) that is to be compiled by Informatics, Inc. and the possibilities of having a preliminary directory before the May meeting of CICA in Geneva;

II. What exactly is meant by an International Cancer Research Data Bank;

III. The present status of the state-of-the-art of cancer literature and retrieval systems;

IV. What other tasks Informatics has been assigned and the possibilities of additional tasks that are related to the present assignments which might be conducted simultaneously.

Regarding this last category or item, there was a brief discussion of the possibility of Informatics being a subcontractor of the AACI to collect information regarding the state-of-the-art and suggest solutions to the implementation of each of the 12 task areas defined in the Comprehensive Plan for Cooperative Action and Common Practices among Cancer Institutes while Informatics is compiling information for a national Directory of Cancer Institutes and Centers. It was decided to return to this discussion later.

Mr. King (Informatics) briefly outlined the sequence of events leading to the contract with the NCI and the progress of the implementation of the contract subsequent to the award. This contract stemmed from the provision in the National Cancer Act of 1971 which stated:

> Sec. 407(b): In carrying out the National Cancer Program, the Director of the National Cancer Institute shall:
> (4) Collect, analyze, and disseminate all data useful in the prevention, diagnosis, and treatment of cancer, including the establishment of an international cancer research data bank to collect, catalog, store, and disseminate insofar as feasible the results of cancer research undertaken in any country for the use of any person involved in cancer research in any country.

A meeting was held in May of 1972 at the Airlie House near Bethesda and a discussion was held regarding the possibilities for an international cancer research data bank (ICRDB) and what types of information should be included in such a bank. Although the suggestions emanating from that meeting were limited in scope for such an undertaking, because there was broad geographic representation but very limited scientific input the results were the determination to issue a contract for the establishment of an ICRDB. When cancer centers offered personnel with experience as additional participants, NCI declined. During November and December, 1972, RFP's were issued soliciting proposals from contracting firms with capabilities for the design and implementation of such a data bank. Bids were due in January 1973. Informatics was awarded the contract in March 1973. The contract was for 15 months with renewal options.

The contract defined two major efforts: (1) the collection of information which would lead to recommendations at the end of the 15-month period of what the needs are for an ICRDB, and recommendations for alternative plans and designs for the bank (approximately 50% of the effort) and (2) information regarding some of the products that are necessary but require no significant background of work to implement.

In the first of the two major efforts, there were two main thrusts; i.e. (1) to define user requirements and (2) present resources available.

Informatics has subcontracts with a number of other organizations to collect the needed information;

Smithsonian Science Information Exchange
Franklin Institute
PA Management International (London, England)
American Medical Records Association (Chicago)
Hazleton Laboratories

In addition, there were grants and contracts of NCI and numerous consultants, such as Dr. Carl Baker, Dr. Ushido of Philadelphia, Dr. Kersh of George Washington University, Dr. Copeland of M.D. Anderson Hospital and others.

In addition to the above tasks, Informatics was assigned other supportive tasks (see Appendix I), such as the International Immunotherapy Registry (Dr. Windhorst). Some of those support tasks have been dropped and some of them have been completed already.

In tackling the first of the major tasks (needs for an ICRDB and recommendations for alternative plans and designs) the first thrust, the user requirement study was divided into two parts (a) to define the needs of the administrative and research personnel within the NCI; (b) to define the needs of the individuals in cancer work outside of NCI. The modus operandi for (a) was to contact the government agencies and divisions within the NCI and discuss with individual staff members and bench scientists. The survey will be complete in February, 1974. The modus operandi for (b) was to interview among others general practitioners with no affiliation with cancer institutes. As the data bank is better defined and users are more precisely defined it will be determined if the information in the bank is to be geared toward research or clinical information or both.

Informatics is responsible to Dr. Gregory O'Conor, Chief of the Office for International Affairs (NCI) and the Project Monitor is Mr. Sam Tancredi with the half-time assistance of Mr. John Schneider.

Dr. Murphy reminded the individuals from Informatics that some of the difficulties encountered at the present time by their firm result from the fact that although three meetings took place during 1973 in which recommendations were made by several knowledgeable individuals, these recommendations were never made available to them.

Informatics stated that by May they probably can have two versions of the International Directory for consideration of the CICA Study Group on Directories: (1) a listing of all items to be entered in the directory; i.e. organizations, projects, etc which would include just the identity of the organizations, projects, etc. and (2) an example of full information regarding three institutions (one in England, one in Peru, and one in the U.S.) with in-depth detail to indicate how detailed a directory can be if this is required. The CICA Study Group could use these two approaches to further define precisely what is going to be useful to the cancer workers of the world.

These two documents could probably be available by the last of March or the first week in April for review by those to be present at the May meeting in Geneva and subsequent feed-back to Informatics for revision before the May meeting. In addition, a report on the results of the user requirement study at its present state (incomplete) could be made available.

There was a discussion of the sequential development of the National Cancer Act of 1971 which included the meetings of the Panel of Consultants to Senator Yarborough, then Chairman of the Committee on Labor and Public Welfare of the U.S. Senate, and the testimony before the Senate and House committees, which confirmed the needs of the National Cancer Plan for an international research data bank and cancer control programs. The provisions for both were included in the legislation. One of the deciding factors was the stipulation of the Congress that the Director of the NCI was to be responsible for the free exchange of information among individuals involved in cancer research and clinical care, and they were reminded that there had never been Federal funds available for the support of the publication and distribution of information on cancer literature of a current nature.

One of the Senators, Clayborn Pell, was very interested in the data bank concept and supported its inclusion in the legislation. The section making provision for an international data bank was purposely left rather vague in order to give some leeway for the development of a truly useful bank, and we are still trying to define such a bank today. It is extremely important to define clearly what will be useful, as the design and implementation of such a system will take much time and much money.

Dr. Murphy suggested that at least three items be considered as end-products of this meeting; (1) a message be taken to Dr. O'Conor suggesting that he request that all descriptions, critiques, etc. that were sent to Dr. Delafrenayse by various members of the CICA committee regarding needs and users of the ICRDB be sent to Mr. King; (2) that Dr. Clark outline to the group what he envisions as a useful data bank; (3) to outline in detail what activities are expected of the members of this present meeting between now and the May meeting in Geneva.

Dr. Clark asked Informatics representatives to list the institutions that have already been visited by them with the purpose of trying to determine user needs. They indicated that Mr. Holt, who was responsible for the data bank project prior to Dr. O'Conor, suggested the following list:

USC and other Southern California groups
Denver
University of Chicago
McArdle Laboratories
Roswell Park
Sloan-Kettering
Institute for Cancer Research - Philadelphia
Several institutions in Boston
Mountain State Tumor Institute

M.D. Anderson Hospital to be visited on January 16-18, 1974.

Some of the visits were, at least initially, merely to get acquainted, as the visit to Roswell Park, but other institutions and groups were visited a second and even a third time to obtain in-depth information. Often these second meetings had two phases: (1) to get acquainted with the administrators of the institution (2) to have discussions with the non-administrative members of the staff.

Dr. Clark asked Mr. Elias to enumerate what has been done on the international directory to date. Mr. Elias requested permission to describe briefly what had been accomplished so far in other areas and then concentrate the remainder of the meeting on the directory. The first document produced was a catalog of the NCI information services and activities, which is now in press. Other documents were validated for public release, enumerating approximately 125 NCI activities, but still others were not released for public review. The catalog of NCI information services and activities will initially be printed in the amount of 2000 copies for rather wide distribution. There is presently a list of 1000 recipients but additional names are welcomed. This list of activities will be updated regularly (each 6 months).

The second document to be produced was for the International Registry on Immunotherapy. A package of the scientific goals of the registry was presented to Informatics and they were asked specifically to compile a mailing list of the institutions and groups involved in immunotherapy and to list the status of each of the projects. There were to be 400 recipients of this document, to which was attached a response form. The form was to be returned to Dr. Windhorst with comments regarding the format of the information and whether or not additional information was desired, etc. Dr. Windhorst is presently using these response terms to re-evaluate the "directory".

Some of the other Informatics projects were primarily clerical supportive activities.

In addition, an in-depth survey of the Cancer Chemotherapy Reports and Cancer Chemotherapy Abstracts was done regarding the usability of these two publications.

The International Directory of Cancer Centers and Institutes has been the largest assignment to date, except, of course, the ICRDB. Once again, Informatics was given no option but to concentrate on cancer research organizations ONLY, and not include any clinical activities. However, they anticipated that sooner or later clinical institutions and activities would be included, so they have been collecting some of this information all along. Recently it was decided by NCI to include treatment activities, so that information is now being included officially. Informatics now has a 90-day deadline, so they are using a "dirty" method for obtaining a large amount of information in a hurry, with the intent to refine the information at a later time when the pressure of time is not quite so intense. Informatics has concentrated primarily on the directories that were already available, and the main body of information already collected has been obtained from the Smithsonian Science Information Exchange that was cancer oriented. This consisted of NCI grants and contracts, Damon Runyon grants, etc. They then used secondary sources and checked for duplication with the main list. For the first version (very preliminary and incomplete) the information sources in addition to SSIE were·

M.D. Anderson Hospital publication Institutions Participating in Cancer Research
The Annual Report of the Imperial Cancer Research Fund
Medical Research Index
UICC Manual for 1970

So far, the directory contains information about 93 countries, 4,000 organizations, and 6,000 research projects. From other sources there are an additional 2200 organizations, not including hospitals, therefore, the total is more than 8,000 excluding hospitals. Dr. Ed Mirand mentioned that Dr. Higginson of the IARC (International Agency for Research on Cancer) in Lyon, France has compiled a list of 1,200 names for an effective mailing list for his institution. It was suggested that a copy of this list be made available to Informatics.

Still to be done before May is the inclusion of the following:

Current foundations involved in cancer funding
Tokyo Research activities
Registries in facilities throughout the United States
1971 Imperial Cancer Research Fund annual report
Encyclopedia of funding agencies
Directory of Cell Research Laboratories of UNESCO
Directory of Projects on Smoking and Health

One of the criteria used in trying to determine who should be included in the directory was whether anyone from the "institution" had published at least one paper during the last three years. The use of this approach is much slower and "dirtier" because a reverse literature research has to be done, then checked for duplication. The chief difficulty is that no computer detects even the slightest difference in the name of an institution. If there is the slightest difference, the computer lists the item as a separate institution.

Obviously the approaches to the directory and to the ICRDB have to be dramatically different, because it will not be appropriate for the directory to have the same amount of detailed information that the data base can and will contain. In essence, the directory will be primarily a "telephone book" which will have to be modified regularly to keep it current.

It was agreed that for directory print-out for the meeting in Geneva in May (which will be considered a preliminary document for discussion and modification) will contain primarily three types of information: (1) countries (2) institutional addresses (street, city, zip code, telephone number, etc. (3) individual names of the chief persons who can be contacted at each institution for information. The problem to be confronted and resolved is how "little" information can be used in the directory and still make it a useful document for rapid and efficient exchange of information among the cancer institutions of the world. The meeting in Geneva with CICA will, hopefully, define more specifically what exactly is considered appropriate information for an international directory. The plan is to present moderately in-depth information and then begin the culling process.

The second document to be presented to the CICA Study Group (the compilation of in-depth information about the ongoing programs of three individual cancer institutions - Peru, England, United States) will also assist in defining pertinent information not only for the directory but also the ICRDB. (Appendix III)

One of the difficulties is that the directory should contain primarily the names, addresses, etc. of institutions that are dedicated almost full-time to cancer activities and not the names of very isolated activities of departments in laboratories, hospitals or even medical schools. The definition given by Informatics to a <u>unique</u> institution is one that is a uniquely reporting cancer institution within a university or other institutional complex.

Other sources of information of clinical cancer activities in the United States are (1) the list of approved tumor clinics compiled annually by the American College of Surgeons, totalling more than 850 institutions in the country and (2) the list compiled by the American College of Radiology of approved radiation therapy facilities in the country.

Informatics intends to aim for print-out of the directory by February and distribution to those at this meeting for modification, then another print-out well before the May meeting in Geneva.

Informatics has not attempted to classify the institutions and organizations in the directory yet, as the information, except in a few cases, is not available. Unless the institution has specifically defined itself as one involved specifically in a type of activity, there was not sufficient judgment among the Informatics staff to determine the nature of the organization for classification.

Mr. Elias described the types of information that are presently in the bank for retrieval for the directory if wished.

Country
City
Name of "parent" organization (as university, etc.)
Name of each unit under the "parent" organization

Department involved in cancer work
Laboratory within a department

Address of each unit (includes street, zip code, telephone number, etc.) if available. In the language of the country, if available.

Contact person

Ongoing work
Grant title; Grant number; Dollar amount; Names of Principal Investigators

Major area of activity
Research, treatment, education, etc.

There was some discussion about the extent of information regarding clinical facilities. Dr. Clark gave as an example of where a logical cut-off might be by describing the cancer treatment and research hierarchy in Russia. Each of the 17 states or republics has a cancer institution, and the city of Moscow has 2. There is a network of 300 hospitals, and approximately 2,000 infirmaries throughout the country. At this stage of the game, it would not be necessary to list the 2,000 infirmaries that feed patients into the 300 hospitals, although the information should be in the data bank as to where they are and what types of cancer treatment, if any, they are providing for future reference. Mr. Elias indicated that the study of Russia is complete and there is an individual in eastern Europe who is interested in assisting them to collect pertinent information regarding the eastern European countries.

It was suggested that if there is not some realistic way to determine the numbers of patients seen and treated, it is quite likely you might list many institutions or laboratories of some sort that may have treated only a half-dozen patients over a period of a year, and this is not the goal. Perhaps a certain portion of information might be obtained by determining if an institution has, for instance, radiotherapy equipment. This might be an indication that a certain number of cancer patients have to be seen to justify the initial expenditure and maintenance costs for the equipment.

Discussion also centered for a few moments on whether tumor registries should be included in the directory, or whether they should be considered cancer information sources and be compiled in a separate directory or document. Dr. Clark pointed out that originally registries were designed as a mechanism for patient follow-up, and later were used as a means of determining those alive and dead for survival figures and for epidemiological and other types of research.

Dr. Clark mentioned again that the chief purposes of the directory and the ICRDB are to facilitate cooperative efforts among cancer organizations and researchers throughout the world; therefore, the directory should be compiled in such a manner that it is highly useful for initiating rapid communication. The ICRDB is to be an information system for providing information in detail regarding cancer activities in the various institutions and organizations listed in the directory. The directory to be provided to CICA for their May meeting will be considered an incomplete one which will be discussed for further refinement and usability. For the May meeting, it may be possible to include the information about European institutions and organizations, but it was agreed that for this directory, information about specific projects being conducted at the various institutions will not be included, but will be included in a later version of the directory. Voluntary organizations and foundations should also be included.

It was discussed briefly that much of the information collected about clinical facilities in the U.S. will be very useful at such a time that the matter of catastrophic disease health insurance becomes a reality in the U.S.

It was also pointed out that the preliminary directory to be made available by May will be very useful to Dr. Mirand for compiling the list of cancer institute directors to be invited to the AACI (Association of American Cancer Institutes) meeting and reception to be held prior to the XI International Cancer Congress in Florence, Italy in October, 1974. This meeting is to report on the parallel activities of the CICA and the NCP (National Cancer Plan), including the ICRDB.

It is the intent of Informatics to include no questionnaire about additional information or corrections to be made in the directory, but to publish it in such a fashion that blank spaces are left where information is missing; in essence, what will go out with the directory is a cover letter saying "Here is what we know; here is what we would like to know in addition. Please provide the missing information and any additional information you consider pertinent."

INTERNATIONAL CANCER RESEARCH DATA BANK

Mr. Patrick Leon from M.D. Anderson Hospital in Houston, Texas explained to the group that Informatics has been put in an untenable position because they have not been allowed to design and develop in a logical and sequential manner the steps that are essential to produce the end-products expected. He said the term "data bank" is a misnomer, because the result will be an information system for cancer users, not merely a data bank. What is envisioned is the integration of existing systems, the addition of supplementary systems where needed, and a means of interface among all the systems for the exchange and retrieval of information.

The design and development of the ICRDB should be conducted in three phases:

Phase I.	Preliminary Design
Phase II.	Detailed Design
Phase III.	Implementation

Phase I: A 15-month contract was awarded to achieve several tasks:

A. A definition of the system required should be the design requirements in a written document, for use as a basis for common understanding about what is wanted and how it can be achieved.
B. Definition of user needs.
C. Determination of what systems already exist that provide needed information and a definition of each system.
D. These lead to a definition of what is not available and, therefore, what must be provided.

Once these four steps are accomplished, then you are ready to design a system. The contract called for an end product in June of a preliminary system design and a presentation of alternative approaches to the realization of the system. However, Informatics has been progressively pushed into coming up with a system before some of the initial steps for design have ever been accomplished.

II. User needs - Informatics should not be asked to produce a preliminary system concurrently with the development of the design requirements. Apparently some in NCI consider the compilation of the directory to be the end product of Phase I. But the directory is just an element of the total system. Informatics was never able to compile the design requirements, which includes how to take the existing systems and modify or add to them or to design new systems in order to satisfy the defined user needs.

So far, there has been a major problem of communication, because the message coming through to Informatics was "Hurry up and finish the user study so we can get on with the design of the system." If Informatics proceeds without redirection from the NCI;

i.e. without a credible design and alternative suggestions for implementation, there is no way they can fulfill the requirements of their contract with NCI.

It was asked how those present could help Informatics between now and April. There is to be a meeting in Houston with Informatics on January 16-18, 1974 at which Dr. O'Conor, Mr. Tancredi, and Mr. Schneider, all from NCI will be present. There will be discussions about the elaboration of the direction in which Informatics must go and how to have the directory ready by May. It was also suggested that there be a meeting in Washington (concurrent with the January meeting of the President's Panel) with Dr. Rauscher, Dr. O'Conor and his group, Dr. Clark, Dr. Gerald Murphy and Informatics to finalize the status of the program to facilitate the exchange of cancer information throughout the world.

A number of literature storage and retrieval systems have been made and test surveys have been done regarding the relevance of the material. Most of the feed-back from the users has indicated that due to the lack of language specificity the level of relevance is rather low including systems such as MEDLARS/MEDLINE.

The system maintained and paid for by M.D. Anderson Hospital has the greatest level of currency of information, and this system probably could be expanded to cover more than the 850 journals presently covered, primarily to include more foreign journals. (The initial assignment of literature search and compilation of a cancer vocabulary that was included in the Informatics contract has since been deleted. However, they had already collected some information and still have it available.)

Dr. Clark read a brief summary of the currency of several major cancer literature systems. (Appendix II) Some other comments made about the ICRDB:

1. There will probably not ever be a single directory produced from the information collected for the ICRDB, but a series of special directories with specific orientations. The directory portion of the ICRDB should have query capabilities for the acquisition of special types of information.
2. Later, such information as organizational structure and whether an institution is a state, privately owned, or federal institution should be included.
3. There will never be a complete print-out of the entire ICRDB, because it would be entirely too voluminous.
4. The ICRDB might eventually include lists of the community resources available to a cancer center or hospital; i.e. rehabilitative organizations, etc.
5. The ICRDB should never be within the WHO or even within the NCI, but rather should be within the UICC which is not a federally controlled organization. If it is to be an international information system, as little politics as possible should be involved in its function.
6. When discussing the user survey for the ICRDB, Mr. King of Informatics listed some of the sources of information already tapped:

National Library of Medicine

SABIR Villejuif, France
Exerpta Medica
Cancer Chemotherapy Abstracts and Reports
Leukemia Abstracts
Current Articles on Neoplasia
Others

Dr. Murphy pointed out that originally one of the main reasons that the UICC created CICA was to foster international cooperative activities and that an important part of those activities was to act as advisors to Informatics in their contract activities of (1) design of an ICRDB and (2) the concurrent activity of compiling an International Directory of Cancer Centers and Institutions. So far, Informatics has not really followed any of the recommendations of the CICA members (as it turns out, because the recommendations were never made available to Informatics, and if Informatics does not produce a comprehensive directory (or something very close to it) by the meeting in May, then both Informatics and CICA are in very serious trouble, because the basis upon which CICA receives funds from the UICC (so far, about $35,000) is the production of evidence that something concrete is being done to justify the expenditure of the funds. The funds were to come to the CICA through the NCI, but so far no money has been given to the UICC. Apparently the funding has been approved and the next contract clearance has occurred but it is being held up in the State Department, because someone there thinks the ICRDB should be located within the WHO (World Health Organization). However, Dr. Rauscher and Dr. O'Conor insist that there will be no problem and the funds will be released and forwarded.

It was agreed that if the ICRDB is given to WHO, there will never be an ICRDB.

Dr. Clark read from the minutes of the meeting (December 13, 1974) of the CICA defining their role as advisors to the design and implementation of the ICRDB. (Appendix III). He also read the portion regarding the three institutions that are to be reviewed in-depth as examples of the type of information that should go into the directory.

Informatics/AACI-Cooperative Information Activities

There was a brief discussion about the possibilities of Informatics being available to assist the AACI (Association of American Cancer Institutes) in the design of their comprehensive plan for cooperative activities and uniform practices. Mr. King indicated that he believed the 12 tasks planned by the AACI should be kept in mind while the design of the ICRDB is being developed so that the information considered to have user relevance will include all of the areas presently considered of utmost importance for free exchange of information by this organization. Approximately a half-billion dollars will be spent on cancer institutes and centers in the U.S. between 1970 and 1980, and this type of information is of utmost importance to all of them, the existing institutions as well as the new ones that will be funded.

As the meeting came to a close, it was agreed that the suggestions that Dr. Murphy made in response to a CICA request for suggestions regarding types of information to be included and omitted from the ICRDB be included in the minutes (Appendix IV).

(This first draft of the minutes of the meeting was prepared as CONFIDENTIAL INFORMATION, with no distribution to anyone other than those individuals who attended this meeting. They were prepared by Ms. B.J. Kolenda, Research Assistant, Office of the President, M.D. Anderson Hospital and Tumor Institute, Houston, Texas.)

CONTRACT STRUCTURE

MAINLINE TASKS (1.0)

- NCI REQUIREMENTS (1.1)
- EXTERNAL REQUIREMENTS (1.2)
- DATA BASE (PROJECT) SYSTEM (1.3 and 1.5)
- TEST AND EVALUATION (1.4)
- EXISTING SERVICES REVIEW (1.6)
- SYSTEM DESIGN (1.7)

SUPPORT TASKS

- DIRECTORY (2)
- CATALOG (3)
- IMMUNOTHERAPY REGISTRY (4)
- REFERENCE SERVICE (5)
- CICA SUPPORT (6)
- OFFICE OF INT'L. AFFAIRS SUPPORT
- ICRDB NEWSLETTER (8)
- CCA/CCR SURVEY (9)
- PAFB SUPPORT (10)

The literature on cancer is scattered throughout the many and diverse discipline-oriented scientific publications. These disciplines include physics, nuclear physics, biochemistry and biology in their broadest interpretations, clinical medicine, and even psychology. Traditionally, bibliographic control of the scientific literature has also been discipline oriented. Examples of these are Chemical Abstracts, Index Medicus, Nuclear Science Abstracts, and many others. All of the major bibliographic tools have as one of their goals to offer a comprehensive coverage of the literature in their respective fields, and most of them index or abstract from 2,000 to 10,000 journal titles. Another major aim of these secondary publications is an in-depth coverage, indexing a given document from as many subject aspects as are appropriate. Given this broad scope, given this in-depth coverage involving many human decisions, and given their dependence on the printing process, there is necessarily a time-lag of from three to eighteen months between the publication of a given document and the appearance of its citation in these tools. To try to reduce this time-lag, some groups have created bibliographic publications which are neither broad in scope nor deep in coverage. They are current, however, publishing citations to a given article within one to four weeks after its publication.

Within the last 10 or 15 years most of these major bibliographic tools have turned to the computer for help. There are now many fine computer tape search services available, and they can be used to search the cancer literature. Some of these can be searched on-line from a typewriter terminal and others are searched in a batch mode. A list of these services is attached as Appendix A.

There are 8 currently published secondary sources devoted to the cancer literature. Only one of these (Excerpta Medica - Cancer) approach the broad scope and the in-depth coverage, including a computer tape service, as those discussed above. A list of these cancer bibliographic tools is attached as Appendix B. In the Appendix will be found a few brief comments on each tool showing its scope, coverage, currency, etc. Again it will be seen that those cancer bibliographies which attempt full

comprehensive coverage have the longest time-lag sequence. Comprehensive coverage and currency are mutually exclusive. It would seem, therefore, as other groups have found, that cancer researchers have a need for both types of indexes.

One aspect of the cancer literature makes all these secondary publications somewhat inadequate, and that is the lack of standardization of the terminology of cancer. Only one example can be given here. The literature on any of the lymphoma-sarcoma types of cancer is replete with a multitude of terms describing similar cancers. It well may be that this dilemma will not be resolved until the etiologies of cancer have been delineated.

In recent years several attempts have been made to discover how scientists search and use the literature. No single pattern, or groups of patterns, have emerged from these studies. In general, the scientist has little interest in bibliographic control of the information he produces. Many factors contribute to this lack of interest, including the phenomena of the "invisible college" and the urgency of priority in scientific publication. Given these all-too-human factors, it is entirely possible that no absolute and exact bibliographic system will ever be developed.

In summary, a variety of bibliographic publications exist which can be used to search the cancer literature, although lack of standardization in the terminology of cancer makes all of them less than ideal. Because individual scientists vary in the way they search literature, it is good that no one tool attempts to fill the needs of all.

COMPARISON OF SELECTED FEATURES OF SECONDARY PUBLICATIONS IN CANCER

TITLE	SCOPE & COVERAGE	CURRENCY*	SPECIFICITY OF INDEXING
Cancer - Bulletin Signaletique (Villejuif)	Broad	3 to 10 months after publication of journal	Very detailed index in each issue; no annual index to all issues
Current Articles on Neoplasia (Houston)	Broad	4 to 6 weeks after publication of journal	very general; no annual index or published cumulation
Cancer Chemotherapy Abstracts (Washington)	Limited	6 to 14 months after publication of journal	good subject & author index in each issue but annual index published 2 years after vol. complete
Excerpta Medica: Cancer (Amsterdam)	Broad	4 to 12 months after publication of journal	very detailed index in each issue but annual index published 1 year after vol. complete
Leukemia Abstracts (Chicago)	Limited	6 to 8 months after publication of journal	none in each issue; annual index very general
Carcinogenesis Abstracts (Bethesda)	Broad	6 to 18 months after publication of journal	detailed index in each issue; full abstract for each article
Referativnyi sbornik (Moscow)	NOT AVAILABLE		
Research using transplanted tumours of lab. animals (London)	Limited	6 to 24 months after publication of journal	published annually; detailed subject index; citations only, no abstracts

* To compensate for the time journal issues spend in transit, only European titles were checked in those indexes published in Europe and only domestic titles were checked in those indexes published in the U.S.

MEETING ON THE PREPARATION OF A
DIRECTORY OF CANCER CENTRES AND INSTITUTES
FOR THE ICRDB

Geneva, 13 December 1973, 14.00 h.

Present :

Mr. F.	Kertesz	Informatics Inc.
Mr. D.W.	King	Informatics Inc.
Mr. M.	Gorman	P.A., London
Dr. A.	Lindsell	IARC
Dr. G.T.	O'Conor	NCI
Dr. N.	Howard-Jones	Consultant
Dr. J.F.	Delafresnaye	UICC
Mr. D.W.	Reed	UICC

1. The meeting was opened by Dr. Delafresnaye at 14 h.10 min. and each participant made a short statement introducing himself and specifying his relationship to the Directory project.

2. Recent changes in the management of the ICRDB were indicated and a situation report was given on the progress in the preparation of the Directory of Cancer Centres and Institutes for the USA (US Directory). It was stated that the US Directory was the first priority, and that the Directory for the rest of the world (Rest-of-world Directory) would follow the lines established for the US Directory.

3. It was reported that only a small number of replies had been received to the request for comments on the document submitted to CICA defining its role in the operation of the ICRDB in general, and the compilation of the Directory in particular. However potential respondents would be reminded of their obligation in this respect.

4. Following discussion of a number of specimen pages of the projected US Directory, an analysis of possible user requirements, a review of the difficulties involved in establishing criteria for selecting the organisms to be included in the Directory, and statements on analogous Directories, it was decided that:

   (a) the criterion for inclusion of any organism in the Directory should be whether, over a certain period of time, any person employed in that organism had published a document of significance to cancer research; and

(b) the manner of applying this criterion in practice would be to obtain a computer print-out of the names and institutional addresses of all authors whose publications had been abstracted during the period 1971-1973, in Section 16 - Cancer - of Excerpta Medica.

5. It was agreed that, for the next meeting of CICA (May 1974) :

(a) a trial compilation of a Directory, produced as described above, would be published in good time for submission to the meeting;

(b) various combinations of information for inclusion under each entry in this trial compilation would be proposed pragmatically by NCI with advice from UICC;

(c) CICA would review this document and make proposals for modifications and improvements; and

(d) a detailed qualitative description would be made of three major cancer institutes and centres (M.D. Anderson, Paterson Laboratories, Instituto Nacional de Enfermedades Neoplasicas) and submitted to CICA to permit a comparison between this and the information proposed for describing Directory entries.

6. UICC proposed that it should provide assistance to the project by :

(a) arranging for members of UICC Commissions, Committees, etc. to review material on a regional basis - the worldwide facilities of PA would be available for servicing any such arrangements in various parts of the world;

(b) by arranging introductions, for Informatics, to any person in the field of cancer, from whom information might be required; and

(c) by reviewing the sources of information that Informatics had so far employed in collecting data about the world of cancer.

The Meeting closed at 17.45 h.

DWR/er
Geneva, 20.12.73

ASSOCIATION OF AMERICAN CANCER INSTITUTES

ANNUAL MEETING

I. Gonzales Martinez Oncologic Hospital
San Juan, Puerto Rico
January 9-11, 1974

10.1

Transfer of Gavel

Dr. Harold Rusch, outgoing President of the AACI, briefly summarized the history of the AACI and expressed his delight that over the past few years there has been increased funding for the National Cancer Institute, progressively more institutions have been created or expanded into comprehensive cancer institutions that will enlarge and enhance the AACI, and that the AACI is becoming more vitally involved in the National Cancer Program through their newly outlined Comprehensive Plan for Cooperative Activities and Uniform Practices Among Cancer Institutes. He then turned the "gavel" over to Dr. John Spratt, the President of AACI for 1974.

New Members

Dr. Spratt congratulated the AACI membership upon its recent expansion to 27 members with the inclusion of the newly designated comprehensive cancer centers. He expressed his conviction that the activities of the AACI will greatly increase and that better collaboration among the members and with the NCI as the National Cancer Plan unfolds is inevitable.

National Cancer Act of 1971

Dr. Spratt reminded the membership that the National Cancer Act of 1971 was a 3-year authorization act which is due for renewal for the fiscal year 1975 and that each institution should plan to work closely with members of Congress to improve and renew the Act. One of the chief purposes of the Act is to create an effective national network of cancer centers. It

By-laws

is Dr. Spratt's opinion that the by-laws of the AACI are too restrictive as they presently stand to use the various types of talent among the member organizations to best advantage in

participating in the realization of the goals of the National Cancer Program. The by-laws restrict participation on the committees of the AACI to the directors of the member institutions or their appointed delegates. This amounts to no more than three individuals per institution, which is very self-restricting for an organization that is planning to become deeply involved in cooperative activities that include not only members of the organization but the newly developing comprehensive and special cancer institutions in the country. Dr. Spratt has served as chairman of the By-Laws Committee until he assumed the presidency, and he mentioned that the By-Laws Committee has proposed some ammendments to the present By-Laws. (see Appendix I) Dr. Spratt urged the members to deliberate on the need for these changes, as there is great need for AACI representatives to be involved in every aspect of the National Cancer Program. If the AACI continues to function in a restrictive manner, splinter groups are likely to form and the AACI will lose an excellent opportunity for leadership.

Report of Secretary-Treasurer

Dr. Mirand reported on the results of the ballot vote for the proposed new members of the AACI. The approved new members are:

New Members

1.	Institute for Medical Research Camden, New Jersey	Special
2.	University of Southern California Cancer Center-Los Angeles County	Comprehensive
3.	University of Alabama in Birmingham, Cancer Research & Training Program	Comprehensive
4.	Duke Comprehensive Cancer Center	Comprehensive
5.	American Health Foundation Naylor Dana Inst. for Dis. Preven.	Special

Financial Report

Dr. Mirand reported that the AACI presently has a bank balance of $1,626.51. This money is available to the organization

primarily because some funds were collected for the several AACI workshops and were not completely used because Roswell Park and M. D. Anderson Hospital did not request reimbursement for expenses incurred to sponsor the workshops.

Revised Membership List

Dr. Mirand distributed an updated membership list for the AACI. (Appendix II) and requested that all members who have not done so submit reaffirmation applications for review of the Membership Committee.

Dues

There was a brief discussion about the need for the membership to initiate the collection of dues. It was agreed that it was not fair for Roswell Park to continue to carry the increasing burden (financial and otherwise) of the AACI just because Dr. Mirand is the Secretary-Treasurer of the organization. This matter was referred to the Financial Committee for study and recommendations.

Dr. Rusch pointed out that there might be some difficulties for some of the smaller institutions with regard to the justification of dues in an organization such as the AACI, because the bulk of their funds come from the state or from NCI grants. Travel expenses are allowed through these funds, but perhaps not dues. Funds from private sources might be used if available.

Representation in Washington

It was pointed out by Dr. Wade that if the organization is to influence Congressional representatives with regard to cancer legislation, the organization must have some means of keeping informed of the activities in Washington. Dues from the members would make it possible to maintain some individual in the Washington area. It was pointed out that since the AACI has been chartered as a non-profit organization, legally it is not able to lobby, but such an organization can be a forum for discussion; then the individual members of the organization

are free to use their influence if they wish.

Dr. Mirand estimated that it would cost approximately $5,000 annually to properly sustain the activities of the AACI (excluding, of course, the 12 tasks of the comprehensive plan that are to be implemented by the organization).

Tax-free Donations

Dr. Spratt stated that since AACI is a non-profit organization subject to annual audit, it has the privilege of accepting tax-free contributions.

Membership Committee

Dr. Copeland, chairman of the Membership Committee, indicated that the organization had been operating with a rather labile set of By-Laws for some time now, because the organization is maturing rapidly and, in the process, is finding rather serious modification of the By-Laws essential. Dr. Copeland then read the December 15, 1973 minutes of the Membership Committee which contained recommendations for amendments to the sections of the By-Laws dealing with membership in the AACI (Appendix III).

It was moved and seconded that the report of the Membership Committee be accepted.

Dr. Mauer challenged the correctness of the procedure by stating: (1) when applications were initially sent out, the cover letter indicated that they were "for information only", but they were used to determine the classification of membership to the AACI. (It was later pointed out to Dr. Mauer that in the previous meeting of the AACI, which Dr. Mauer did not attend because his institution was not yet a member, the membership authorized the Membership Committee to review all present member institutions as well as the new applicants for re-evaluation of membership categories.); (2) there is presently

no stipulation of any kind in the By-Laws that reaffirmation of an institution's membership classification is to take place at regular intervals; and (3) that there are only two categories for membership in the existing By-Laws, Corresponding and Regular, and no mention of Comprehensive, Coordinated or Special. It was agreed that this matter had come up for consideration out of correct procedural sequence, as the By-Law amendments should have been acted upon first. The acceptance of the recommendations for change of categories of membership, etc. was intended to be contingent upon the passage of the recommended changes in the By-Laws. It was agreed to defer further discussion regarding membership until the recommendations regarding the By-Laws were acted upon by the membership.

Amendments to By-Laws

As the membership has already authorized the By-Laws Committee to make recommendations and the matter has already been officially acted on by the Committee, it was stated that the membership could vote on the recommended changes at this meeting, except for the first recommendation (Article II - Objectives, Appendix I) to which an additional modification was proposed for the first time today by Dr. Spratt. Dr. Spratt proposed that the sixth objective (or perhaps a 7th objective) should read: "To foster interinstitutional collaboration and collaboration on a state, national and international level for the control of cancer through research, education, and service."

There was discussion, and the membership voted to accept Article II modifications as stated.

Regarding Article III - Membership, several items were discussed: 1. The possibility of including either a separate membership category; i.e. coordinated cancer

center or stating it as comprehensive/coordinated center. ** (see page 7, last paragraph)

2. Section 2.a. The membership voted to delete all of the qualifying terms following ". . . biologic science."

3. The possible inclusion of the NCI guidelines for comprehensive cancer centers to define what is meant by "comprehensive" within the framework of the AACI membership categories. It was pointed out that this list of NCI guidelines was used by the Membership Committee as their checklist for evaluating the applications for membership.

4. The need to leave some flexibility within the membership definitions, as it is the desire of the AACI to maintain judgemental control over definition of a cancer center classification; i.e. the NCI designation of a cancer center as "comprehensive" will not automatically make that institution a member of the AACI.

5. Suggestion that the wording of Section 2.a. be changed to read ". . those institutions and/or organizations within the United States which can be defined as comprehensive/coordinated cancer centers and special centers and which have coordinated interdisciplinary programs . . . "
The concern here is that some of the newly designated comprehensive cancer centers are so dependent on Federal funding that if the national scene changes and NCI funding is reduced significantly, it is inevitable that some of these centers will

be forced to curtail their activities and will no longer qualify by AACI definitions as "comprehensive". AACI must maintain the categorical approach and must seriously determine how to do this.

Dr. Hickey suggested further change in the wording of Section 2.a.:". . . organizations within the United States which shall be recognized for membership purposes, after review or re-review by the Membership Committee, as comprehensive/coordinated cancer centers and special centers and which have coordinated interdisciplinary programs . . . "

It was agreed that the exact wording of the modifications or amendments to the By-Laws regarding membership should be further considered by both the By-Laws Committee and the Membership Committee with the purpose of refining the language to express the wishes of the full membership. Upon that suggestion, the membership voted to accept and include in the By-Laws the rewording essentially as Dr. Hickey expressed it, and to give final approval by mail vote.

It was also suggested that the Finance Committee meet and make recommendations regarding: appropriate dues for each institution (possibly determined by their annual budgets) & some estimate of how much the annual AACI operating budget is likely to be.

**Discussion regarding the exact meaning of "coordinated cancer center" (see Appendix III, page 2, last paragraph, for definition)

revealed that Mr. Don Putney (Institute for Cancer Research-Philadelphia) wrote this while he was still a consultant to NCI because, after visiting a dozen medical schools and many individuals on the staffs of medical schools, he realized that if medical schools were going to get funds for cancer research programs, they could not be expected to revamp their entire departmental structure for multidisciplinary activities; therefore, verbiage was designed to define medical schools as coordinated structures, to avoid destruction of departments. It was suggested that medical school programs could easily fit into the "special" category, and that the term "coordinated" implies a much broader concept. Dr. Copeland then suggested the term "comprehensive/coordinated" be one category, as this implies something less limited than "special".

Dr. Murphy suggested that the items in Articles III and IV be approved by the membership with the stipulation that the involved committees will study and further elaborate them. The motion was passed.

Membership

Dr. Wood requested that the classification of the Cancer Research Institute of the University of California, San Francisco as "inactive" be reconsidered and classification deferred until a director has been found to take Dr. Wood's place.

It was then agreed that the report of the Membership Committee be accepted except for item D (page 6) regarding Up-dating of present membership following receipt of new application form, which will be tabled for future consideration. Passed.

Reaffirmation

There was some discussion about the new concept of reaffirmation of membership classification within the AACI. Dr. Talbot suggested that the Membership Committee contact again **each institution prior to the reaffirmation review and ask if they wish to submit additional data prior to the final decision by the Membership Committee.**

Rauscher
National Cancer Plan
National Cancer Act
1974 NCI Budget

Dr. Rauscher reiterated his belief that the AACI has tremendous potential for recommending policy for the National Cancer Plan and for assisting in the implementation of it.

Dr. Rauscher briefly reviewed the NCI budget status, pre-dating the passage of the National Cancer Act of 1971 up to the FY 1974 budget.

1971	$238 million	
1972	378 million	(the $100 million provided by President)
	40 million	supplement
	$418 million	
1973	432 million	(Cong. gave $492 M. but $60 M impounded)
1974	$500 million	President's budget
	522	House budget
	580	Senate budget
	550	Conference committee recommendation
		President can cut as much as 5%

President will probably cut entire NIH budget across the board 5%, which will make the 1974 NCI budget $526 million. The

Impounded Funds

impounded $60 million from the 1973 budget has been released, but not all of it will be spent in 1974. NCI may be forced to spend some of it in 1974, some in 1975 and perhaps still farther in the future. These funds cannot be used for recurring grants and contracts because they cannot be considered part of the base, as they are not recurring funds. These funds can be used for

construction, drugs, etc. NCI must be prepared in any fiscal year to indicate how they might spend money depending on which of the 7 different budget levels is finally awarded; therefore, it is absolutely essential that the NCI have a comprehensive plan to use as guidelines for expenditure.

Grants and Contracts

Dr. Rauscher gave figures regarding the expenditure in dollars and percentages of the total budget for grants and contracts for the fiscal years 1972, 1973, and 1974. (Appendix IV, V, and VI).

Construction

Dr. Clark asked Dr. Rauscher about construction funds in addition to the previously allocated funds. Dr. Rauscher said the total so far is between $70 million and $80 million for 1974. There are presently $90 million in approved construction applications, but only $16 million approved for funding so far. There will probably be approximately $41 million for construction in FY 1974, but OMB would like NCI to use the additional funds for renovation of existing buildings only.

Training and Education

So far there seem to be two sets of guidelines, one from the Congress and one from the HEW/OMB. The Congress says that the NCI can go ahead with the training fund authority that was previously authorized, but HEW/OMB says that the NCI must abide by the new rulings about funds for the postgraduate levels only (except for those funds already committed prior to the new ruling). The stipends for fellowships and postdoctoral researchers will be $10,000 to the individual trainee and $3,000 to his institution. So far, the pay-back provisions are not final, and they may be defined in terms of time rather than dollars. The total for training which has been authorized is $30 million, but that is not additional money; it has to be

taken from the present budget, and this fiscal year is about half over already. This creates a problem, because most of the funds have already been committed for other things. There will probably only be about $5 million this year for training. Mr. Baldwin said that this matter is rather confused at this time, and there might be as much as $18 million available ($13 million-old funds and $5 million-new funds).

Career Development Awards

No new applications are being accepted but the program is still active and funding previous commitments.

Cancer Training Grants

These grants which were awarded to medical, dental and osteopathic schools are presently "hung up", but they are a part of the 1975 budget request, and there might be approximately $8 million the first year for these newly named "cancer education grants, and perhaps there will be $12 to $13 million the next year. At the present time there are no review committees, but they will not die if the will of the Congress prevails.

1974 Budget

Dr. Rauscher reviewed the budget allocations for 1974.

Research Contracts	$217.2 M (excluding construction)
Research Project Support	80.8 M
Regular Research Grants	115.0 M
Cancer Centers	91.1 M
Task Forces	11.0 M
Construction	41.0 M

Comprehensive Ca. Center Funding

Dr. Rusch asked about the provision in the National Cancer Act of 1971 (Sec. 408.(b) (4) demonstration purposes; but support under this subsection (other than support for construction) shall not exceed $5,000,000 per year per center. Dr. Rauscher indicated that some of these monies had been awarded but not

for the full $5 M, and it is anticipated that in 1975 there will be no increase in funding for the existing centers. This program is difficult to get underway and especially with regard to the regional programs.

There was discussion regarding this matter and it was indicated that there seem to be three options:

(1) spread the available funds among all of the centers

(2) create no new centers and concentrate on the existing centers

(3) ask for more money

There is still another option, although questionable, and that is to take money out of the allocated funds for the regular research grant program and put it into the centers program. In 1973 there were $45 million for construction, and a portion of it was transferred to research and control programs.

National Cancer Plan

There will be a meeting on January 21-24, 1974, in Washington, D. C., of the chairmen of the committees that previously contributed to the study that resulted in the strategic plan of the National Cancer Plan. The purpose of this meeting is to update and revise, if necessary, the National Plan for presentation to the White House and to the Congress, and for subsequent implementation. The operational portion of the Plan will be completed and published for distribution before the end of FY 1974 and will be presented to the Congress, also.

Comprehensive Centers

There are presently 12 recognized comprehensive cancer centers in the nation, 3 previously existing ones and 9 new ones, and because the National Cancer Act specifies a total of 15, there will be another 6 centers "recognized" before the end of FY 1974. An attempt will be made to delete any reference to the number of comprehensive cancer centers needed in the country in the renewal of the National Cancer

Act of 1971. It was asked why the NCI is considering new centers when only 60% of the approved grants are funded due to insufficient funds. Dr. Rauscher indicated that there are two major goals: (1) to accomplish as much as possible for the cancer patients of the country now through better utilization of the present centers and (2) because there are geographic areas in the country not served by comprehensive cancer centers, to give the best coverage possible through the creation of new centers in those areas. It is estimated that presently 95 million Americans live within 100 miles of a comprehensive cancer center, and 120 million live within 150 to 200 miles of a center. If we had 33 centers, 170 million Americans would live within 100 miles of a center. It is believed that we need at least 30 comprehensive cancer centers distributed in an equitable geographic manner in this country.

Dr. Rauscher said that as we accumulate more information about cancer and effective treatment and prevention, and as we implement this information through the cancer control portion of the national program, it will be inevitable that a smaller portion, but not fewer dollars, of the appropriated funds will be allocated to research, if we continue to get progressively more funds from the Congress.

Legislative Representatives House and Senate

Two visitors to the meeting were representatives for national congressmen who were unable to come to San Juan. Mr. Robert Maher, administrative assistant to Congressman Paul G. Rogers, Chairman of the Subcommittee on Public Health and Environment of the House of Representatives, and Mr. Harley Dirks, professional staff member of the Senate Appropriations Committee, chaired by Senator Warren G. Magnuson, addressed

the group. Each discussed funding of NCI for fiscal years 1974 and 1975, and anticipated problems involved in future funding. They also discussed several revisions of the present National Cancer Act of 1971, which will expire in 1974, that are being considered for inclusion in the legislation for renewal of authorization of funding for the National Cancer Institute and the National Cancer Plan. Each urged individuals working to control cancer as a national health problem in the U. S. to make their professional wishes and attitudes known to members of the Congress, as these statements from people working in the field greatly influence actions taken by Congress. Each expressed the determination of the Congress to continue to be aggressive in broadening the cancer program in the future. Each also urged participation in the hearings held by Congressmen, and urged that copies of all letters and testimony in defense of the status quo or of changes in the program and funding be sent to the Office of Management and Budget, the White House, and to the Secretary of Health, Education, and Welfare.

Ad Hoc Committee on Implementation

Dr. Talbot was asked to give a report on the status of the grant Proposal to Develop Uniform Practices among Cancer Institutes. He briefly reviewed the history of the events that led to the submission of the proposal to NCI. The proposal has been approved and is presently in one stage of review. Further negociations were delayed until this meeting in order to get a final confirmation from the

membership of their interest and commitment to the program as outlined - not just to the contract proposal, but for the entire program of the 12 enumerated tasks. If fully implemented this program might cost a million dollars. NCI is willing to help us get started with funds for the first category, or task, and some funds to help us set up a central office for administration of this task plus the full program as the other tasks begin to be implemented.

It is fairly evident that this program will not succeed unless the members of AACI are enthusiastic about this program and are willing to contribute not only time, effort and personnel but also money to the program. It will be necessary to establish a central office with program coordinator to work with the team leaders from the various member institutions who will be working in each of the task areas.

The NCI is willing to partially support this endeavor if the AACI shows ability to involve themselves in this program independently.

Member Assessment for Implementation

It was suggested as one means of funding that each of the members of the AACI contribute a certain percentage of their total institutional budget toward this program, and the Finance Committee was asked to make a study of the matter and make recommendations for what might be an equitable assessment from each member for the program. One possibility would be to use money from core grants, not to support the AACI but to support the 12 tasks for cooperative activities and uniform practices. Presently

the contract with NCI specifies the active participation of at least 11 institutions within the AACI.

There has been some pay-off already for one institution (Cancer Research Center, Columbia, Missouri) just from the preliminary information collected for Task 1, which was the construction of fiscal profiles of 6 of the member institutions. Dr. Spratt showed these profiles to the members of his Board and to members of the legislature of the State of Missouri and graphically illustrated the need for an expansion of the cancer program in the State. The State responded with an increased budget.

It was agreed that such cooperative efforts among the members of the AACI are very necessary, and of particular importance in such areas as cancer control, where very little has been done or even known about it among the cancer institutes. Dr. Clark indicated that every one of the comprehensive cancer centers would eventually have to become involved in each one of these activities, and it makes sense for them to save time and money by learning from the institutes that have already developed some expertise (or made some costly mistakes) in each of these areas. One of the chief end results of these cooperative activities would be substantial proof of the effectiveness of a comprehensive cancer center in a community.

It was pointed out that a substantial amount of work has already been done in some of the categories; i.e. in the area of nomenclature, classification, staging and end results. The American Joint Committee, the NCI, and the

American Cancer Society have already spent over $1.5 million over the last 15 years to establish some uniformity, and that work need not be done again but elaborated upon and, hopefully, finalized in some manner.

Task 1
Contract for Uniform Practices

Mr. Goehle (Roswell Park), who has been the team leader for Task 1 (fiscal profiles of AACI institutions) gave a report on this activity to date. He said he had received very enthusiastic cooperation and commitment from 11 of the member institutions. The present task force is composed of:

Mr. Goehle	Roswell Park
Mr. Boyd	M. D. Anderson
Mr. Kupferberg	U. of Chicago Cancer Res. Center
Mr. Pettit	Michigan Cancer Foundation
Mr. Putney	Fox Chase Inst. Ca. Res.
Mr. Zucker	Memorial-Sloan Kettering

Each of these men has an appointed alternate (or is to appoint one) so that the team will be sufficently large to make no serious time drain on any one member.

In the contract with NCI to implement the first task, only 11 institutions are approved for participation, but the task force is intended to be active in the future, and any institution that does not have a representative on the team will still have ample opportunity for input. Copies of the preliminary results of the study are available, but actual dollar figures have been ommitted, as this is still considered confidential information until each institution releases it.

One critical need in this task areas is an adequate definition of what is meant by a principal investigator.

When the contract is awarded, the task can begin in February and will be continued for one year. Goals: (1) uniformity of reporting (2) valid statistics.

Intent: To structure the activities in such a way that (1) they do not obviate diversity and (2) do not make it impossible to become standardized.

AACI Acceptance of Comprehensive Plan

The membership voted to (1) accept and endorse the program (2) establish a channel for communication for a degree of involvement for all member institutions (3) to make a study of the projected costs of the program.

Nominating Committee

The chairman of the Nominating Committee made the following recommendations:

Vice President (President-Elect)	Dr. R. Lee Clark
Executive Board (3-year term)	Dr.
Director (1-year term)	Dr. Denman Hammond
Director (1-year term)	Dr. Wm. Hutchinson

These nominees were elected by acclamation.

Liaison Representative Report

Dr. Murphy reported on the present status of the travel fellowships to the XI International Cancer Congress in Florence, October 1974. The deadline for submission of an application for the fellowships is February 1, 1974. There are approximately 250 fellowships available, and so far, not very many have been awarded. To make application, one must (1) submit an abstract of the work being done, even though not presenting a paper

(2) have application signed by an institutional authority in your home institution

Initially there was the intention to offer these fellowships only to young investigators, but that restriction was removed, and now anyone is eligible. This fellowship consists of a paid round-trip air fare plus $100. The Committee to decide on these applications will meet in Washington on May 2-3 and will notify the recipients soon after.

CICA/UICC Report on First Workshop on Biological Markers

Dr. Murphy read a draft of the report on the first workshop on biological markers of the CICA/UICC (Appendix VII)

Common Animal Tumor Models UICC

Dr. Murphy also reported on the next meeting of the group to consider common animal tumor models, which is to be convened on April 22, 1974. Dr. Eckhart from Hungary leads this group, which will include participants from the NCI, other groups in the United States, and representatives of 12 European countries. They will consider projects using nude mice. They will give a report of this meeting in Geneva on May 22, to the CICA (Committee on International Cooperative Activities of the UICC).

Committee on Standard Nomenclature

Drs. Higginson and Hecker have been working with others on the standardization of nomenclature in carcinogenesis. They reported to the CICA on what they propose to do and requested funds from the CICA.

ICRDB

The responsibility for the International Cancer Research Data Bank has been transferred into the Office of International Affairs under the direction of Dr. Gregory O'Conor. The contractor, Informatics, Inc., is presently acquiring

international input, with the assistance of CICA, for the compilation of a Directory of International Cancer Institutes and Centers. Dr. R. Lee Clark is Chairman of the CICA subcommittee on the international directory.

End Results Reporting

The AACI, the CICA/UICC, and the WHO are all involved in some aspects of attempting to standardize end results reporting, but the status of these activities is not presently known by Dr. Murphy.

Worldwide Plan for Cancer Activities-WHO

WHO called a meeting to be conducted by Dr. Napalkov to consider a worldwide plan on cancer activities. Approximately 9 separate categories were considered, and contributions were solicited from individuals in cancer work around the world. Dr. O'Conor will report on that meeting in June.

NCI Cancer Control Program

Dr. Guy Newell (Cancer Control Program of the NCI) spoke briefly about the progress of the control program to date. In 1973 approximately $5 million was available for the program, but in 1974 $34 million was made available. Dr. Newell indicated that the greatest problem was the planning, which consisted of two phases:

(1) the use of outside consultants and the members of the National Cancer Advisory Board to launch the program;

(2) a planning conference held in September 1973; the results of this direction and planning will be reported to the Cancer Control Advisory Committee on January 25, 1974. The outreach component of the centers program was initially intended to be funded totally by contracts, but in order to avoid duplication and to promote utilization of resources to

the maximum, a portion of the funding will be through the grant mechanism. These outreach programs are cancer control; thus, control programs will receive funding through both divisions, the cancer control division and the centers grants division. During this present fiscal year, the grant support will be limited to the comprehensive centers and the clinical cooperative groups. The guidelines for the use of grants in the program will be completed shortly. One of the problems is that of accountability. If the usefulness of these programs is demonstrated, the chances for long-range planning and maximal utilization of funds are much better.

Contract RFPs are appearing in the Commerce Business Daily, and the priority for these is with the comprehensive cancer centers and their outreach programs.

Presently the cancer control program consists of a series of projects, but during the next fiscal year, there will be a cohesive program through the mechanisms of the comprehensive centers, the clinical cooperative groups, and demonstration projects. Contracts will not be limited to these categories only, however. There will be some projects which will concentrate in heavily populated areas of the U.S. and a data systems approach will be used to cover approximately 10% of the population (20 million people) during a 5-year period. This will determine the impact of cancer control programs in these areas with regard to mortality, morbidity, and possibly even incidence. If this is not done, at the end of 5 years there will be no evidence

that anything is actually being done through the cancer control efforts of the National Cancer Program.

Some specific contracts will be awarded through the state and territorial health departments because they are in constant contact with the community, its resources, and needs. These will be modeled somewhat along the line of the CDCs which were so effective in the control of infectious diseases, and will be roughly equivalent to Phase IV studies.

Subsequent AACI Meetings-Dates & Locations

After some discussion, the members voted for the following locations for subsequent meetings of the AACI:

June 1974 - Detroit, Michigan

January 1975 - Los Angeles, California

June 1976 - Philadelphia

Other locations that extended invitations, to be considered for the future were: Camden, New Jersey; New York City; Memphis, Tennessee; Boston, Massachusetts; Washington, D.C.

AACI Reception Florence, Italy October, 1974

Dr. R. Lee Clark outlined the plans for the reception and dinner to be sponsored by the AACI for the directors of cancer institutes and centers throughout the world who will be attending the XI International Cancer Congress in Florence, Italy in October 1974. He reminded the members that this activity had stemmed from the resolution the AACI had proposed to the UICC with regard to the initiation of collaborative activities among the cancer centers of the world. From this proposal, the special Committee on International Collaborative Activities (CICA) was formed within the UICC.

The reception will be on October 18, 1974 at 5:30 p.m.
The five subcommittees of the CICA will report on their activities and Mr. Benno Schmidt, chairman of the President's Cancer Panel, will talk on the present status of the National Cancer Program.

Dr. Clark (M. D. Anderson) and Dr. Gerald Murphy (Roswell Park) have each pledged $1,500.00 to sponsor this reception and dinner, which they estimate will be approximately half of the total cost. Dr. Veronesi estimated that the cost would be approximately $8.00 per person, but it was the consensus that it probably will be about double that price. The AACI intends to invite the members of the UICC Council and Executive Committee in addition to the directors of the cancer centers. There will probably be a total of 300 invitees, as Dr. O'Conor reported that 200 delegates to the assembly are expected. In addition, many of the delegates will be accompanied by their wives. Additional support for this reception was pledged by the following and will be forwarded to Dr. Mirand, Roswell Park:

Fred Hutchinson Cancer Research Center Seattle, Washington	$500.00
Institute for Medical Research Camden, New Jersey	500.00
Univ. So. California Cancer Center Los Angeles, Calif.	500.00
Fox Chase Inst. for Cancer Research Philadelphia, Penn.	500.00
Cancer Research Center Columbia, Missouri	500.00
Cancer Research Institute ?	500.00
Memorial Sloan-Kettering New York City	1,500.00
	$4,500.00

Resolution Farber Institute

Dr. Clark reviewed briefly some of the many contributions that Dr. Sidney Farber made to better treatment of the cancer patient. He was one of the charter members of the Association of Cancer Institute Directors (ACID), presently known as the Association of American Cancer Institutes; he worked long and hard to help generate interest in and support for the cancer cause in the U. S., and was a leader in his field.

Dr. Farber was deeply involved in trying to expand the cancer activities of his institution and to build it into a comprehensive cancer center when he died. Dr. Clark suggested that the AACI draft a resolution to the governing board of the Children's Cancer Research Foundation in Boston expressing: (1) the universal respect and appreciation for Dr. Farber and for his help in building and mobilizing a national cancer program;

(2) their interest and support in the completion of the comprehensive cancer center in Boston that Dr. Farber dreamed of establishing.

The membership voted to appoint a committee consisting of Dr. Murray Copeland, Dr. George Foley, and Dr. Emil Frei to draft a resolution for acceptance of the AACI members.

AACI Committees

Dr. Spratt read the proposed appointments to each of the AACI committees (Appendix VIII).

As there was no further business, the meeting was adjourned at approximately 5:20 p.m.

The first draft of these minutes was prepared by Ms. B. J. Kolenda, Research Assistant, Office of the President, M. D. Anderson Hospital and Tumor Institute, Houston, Texas.

Appendix I

PROPOSED REVISIONS

ASSOCIATION OF AMERICAN CANCER INSTITUTES

BY-LAWS

Article II - Objectives

Add a sixth objective:

7 6. To afford an opportunity for senior scientists and administrators within cancer centers to meet at appropriate intervals to discuss mutual problems.

Article III - Membership

Section 1 - Change to read:

The membership of the Association shall be divided into three classes: regular membership, corresponding membership and individual membership.

Article III - Membership

Section 2 - Add paragraph "c" as follows:

c. Individual membership. Any clinician, scientist or administrator who is a full time employee of a cancer center holding a regular membership in the AACI may hold an individual membership in the AACI.

Article III - Membership

Section 3 - Procedure for Membership - Add introductory paragraph:

The Secretary-Treasurer shall design membership applications for each category of member. These applications shall insure that all relevant information is collected to insure evaluation of the applicant as a categorical cancer center or as a full-time clinician, scientist or administrator in such a center. The categorical cancer orientation of each center must be recertified at least every three years. Eligibility

for individual membership must be recertified annually.

(The balance of Section 3 remains unchanged.)

Article III - Membership

Section 3 - Paragraph "a" - Change last sentence to read:

These will constitute the Board of Directors of the Association.

Article V - Officers and Board of Directors

Section 2 - Change to read:

The Board of Directors shall consist of the officers of the Association, the immediate past president and the appointed delegates of member institutions. The Board of Directors shall serve as the Executive Committee of the Association. The Secretary-Treasurer shall recertify the eligibility of the individual members of the Board of Directors on an annual basis.

Appendix II

MEMBERSHIP LIST

ASSOCIATION OF AMERICAN CANCER INSTITUTES

Institute	Representatives
*American Health Foundation, Naylor Dana Institute for Disease Prevention 2 East End Avenue New York, New York 10021	Dr. Ernst L. Wynder, President Dr. John H. Weisburger, Vice-President for Research (Ph.: 212, 489-8700)
Cancer Research Center Business Loop 70 and Garth Avenue Columbia, Missouri 65201	Dr. John S. Spratt, Jr., Director (Ph.: 314, 443-3103, Ext. 274) Dr. Harry D. Brown (Ph.: 314, 443-3103, Ext. 270)
Cancer Research Institute New England Deaconess Hospital 185 Pilgrim Road Boston, Massachusetts 02215	Dr. George E. Nichols, Jr. Scientific Director (Ph.: 617, 734-7000, Ext. 2404) Mr. Robert D. Pence Assistant Director (Ph.: 617, 734-7000, Ext. 2007) Miss Constance Langone (Ph.: 617, 734-7000, Ext. 2407)
**Cancer Research Institute University of California, San Francisco 3rd Avenue & Parnassus San Francisco, California 94118	Dr. Julius Krevans, Acting Director (Ph.: 415, 666-2342) Dr. Theodore L. Phillips, Assoc. Director (Ph.: 415, 666-4815) Dr. David A. Wood (Emeritus) (Ph.: 415, 666-2201 or 666-2507)
Children's Cancer Research Foundation 35 Binney Street Boston, Massachusetts 02115	Dr. Emil Frei, III, Director Dr. George E. Foley Associate Director for Laboratories (Ph.: 617, 734-6000)
*Duke Comprehensive Cancer Center Durham, North Carolina 27710	Dr. Wm. W. Shingleton (Ph.: 919, 684-8111)

*Tentative membership; to be confirmed by membership ballot vote.
**Inactive status

Institute	Representatives
Eppley Institute for Research in Cancer **University of Nebraska Medical Center** **42nd and Dewey Avenue** **Omaha, Nebraska 68105**	**Dr. Philippe Shubik, Director** **(Ph.: 402, 541-4238)** **Dr. John G. Keller** **Associate Director**
Fels Research Institute Temple University School of Medicine 3420 North Broad Street Philadelphia, Pennsylvania 19140	Dr. Sidney Weinhouse, Director (Ph.: 215, 221-4343 or 221-4300) Mr. Howard Schurr Mrs. Pauline Kotin
Fox Chase Center of Cancer and Medical Sciences (Institute for Cancer Research) 7701 Burholme Avenue Philadelphia, Pennsylvania 19111	Dr. Timothy Talbot, Jr. (Ph.: 215, 342-1000, Fxt. 402) (Alternate: Dr. Alton I. Sutnick) Dr. Paul J. Grotzinger (Ph.: 215, 722-1900, Ext. 300) Mr. Donald Putney (Ph.: 215, 342-1000, Ext. 406) (Alternate: Francis J. McKay)
Johns Hopkins Hospital (Johns Hopkins University, School of Medicine) 304 Carnegie Building Baltimore, Maryland 21205	Dr. Albert H. Owens, Jr. Director, Oncology Center (Ph.: 301, 955-3303 or 955-3300) Dr. Raymond E. Lenhard Dr. George E. Santos (Alternate: Mr. Richard L. Harrington Associate Director, Adm. Services
Fred Hutchinson Cancer Research Center 1102 Columbia Street Seattle, Washington 98104	Dr. William B. Hutchinson (Ph.: 206, 292-2931) Dr. John R. Hartmann Dr. Charles A. Evans
Institute for Medical Research Copewood Street Camden, New Jersey 08103	Dr. Lewis L. Coriell, Director (Ph.: 609, 966-7377) Dr. Warren Nichols, Assistant Director Mr. S. Robert Wilson Director of Support Services

Institute	Representatives
Los Angeles County - University of Southern California Cancer Center 2025 Zonal Avenue Los Angeles, California 90033	**Dr. Denman Hammond** **Associate Dean and Director** **(Ph.: 213, 225-1511)** **Dr. Thomas C. Hall** **Assoc. Director for Clinical Investigation** **(Ph.: 213, 225-1511, Ext. 226)** Dr. Robert J. Hasterlik Assoc. Director for Regional Activities (Ph.: 213, 225-1511, Ext. 246)
I. Gonzales Martinez Oncologic Hospital Puerto Rico Medical Center P. O. Box 1811 Hato Rey, Puerto Rico 00919	Dr. Ramon E. Llobet, Medical Director (Ph.: 809, 765-7070) Dr. Manuel Rodriguez Ema
McArdle Laboratory for Cancer Research Medical Director University of Wisconsin Madison, Wisconsin 53706	Dr. Henry C. Pitot, Director (Ph.: 608, 262-2177 or 262-4910) Dr. Elizabeth Miller
Michigan Cancer Foundation 4811 John R Street Detroit, Michigan 48201	Dr. Michael J. Brennan President and Medical Director (Ph.: 313, 833-0710) Dr. Jerome P. Horwitz Scientific Director (Ph.: 313, 833-0710)
National Cancer Institute 9000 Rockville Pike Bethesda, Maryland 20014	Dr. Frank J. Rauscher, Jr., Director (Ph.: 301, 496-5615) Dr. Guy R. Newell, Deputy Director (Ph.: 301, 496-3505) Dr. Bayard H. Morrison, III Assistant Director (Ph.: 301, 496-3301)
Oak Ridge National Laboratory Oak Ridge, Tennessee 37830	Dr. John R. Totter, Associate Director for Biomedical and Environmental Sciences P. O. Box X (Ph.: 615, 483-8611) Dr. Francis T. Kenney Biology Division P. O. Box Y Dr. N. G. Anderson Biomedical and Environmental Sciences P. O. Box X

Institute	Representatives
Roswell Park Memorial Institute New York State Department of Health 666 Elm Street Buffalo, New York 14203	Dr. Gerald P. Murphy, Director (Ph.: 716, 845-5770) Dr. Edwin A. Mirand Associate Institute Director (Ph.: 716, 845-3095) Mr. Robert W. Goehle Fiscal Administrator (Ph.: 716, 845-3033)
*Sloan-Kettering Institute for Cancer Research New York, New York 10021	Dr. Robert A. Good (Ph.: 212, 879-3000) Dr. Lloyd J. Old Dr. Leo Wade
Southern Research Institute Kettering-Meyer Laboratory 2000 Ninth Avenue South Birmingham, Alabama 35205	Dr. Howard E. Skipper Vice-President and Director (Ph.: 205, 323-6592) Dr. Frank M. Schabel, Jr. Director, Chemotherapy Research
St. Jude Children's Research Hospital 332 North Lauderdale Street Box 318 Memphis, Tennessee 38101	Dr. Alvin M. Mauer, Medical Director Mr. Carl B. Simmons, Administrator (Ph.: 901, 525-8381) Dr. Allan Granoff
**University of Alabama in Birmingham Cancer Research and Training Program University Station Birmingham, Alabama 35294	Dr. John R. Durant, Director (Ph.: 205, 934-5077)
University of Chicago Cancer Research Center 950 E. 59th Street Chicago, Illinois 60637	Dr. John E. Ultmann, Director (Ph.: 312, 947-5017) Dr. Alexander Gottschalk (Ph.: 312, 947-5007)

*Status has been changed but has not been filed properly with the Membership Committee

**Tentative membership; to be confirmed by membership ballot vote.

Institute	Representatives
The University of Texas M. D. Anderson Hospital and Tumor Institute Houston, Texas 77025	Dr. R. Lee Clark, President University of Texas System Cancer Center (PH.: 713, 792-2121) Dr. Robert C. Hickey, Director Dr. Murray M. Copeland, Vice-President University Cancer Foundation (Ph.: 713, 792-3025)
University of Wisconsin Medical Center 1300 University Avenue Madison, Wisconsin 53706	Dr. Robert O. Johnson, Director Division of Clinical Oncology 709C University Hospitals (Ph.: 608, 262-1626) Dr. Harold P. Rusch (Ph.: 608, 262-3850 or 262-1686)

CORRESPONDING MEMBERSHIP

International Agency for Research on Cancer World Health Organization 150, Cours Albert Thomas 69008 Lyon, France	Dr. John Higginson, Director

AACI Membership Committee Meeting **December 15, 1973**
The Anderson Mayfair
Houston, Texas

Members present: Dr. Murray M. Copeland, Chairman
Dr. Robert Johnson
Dr. Edwin Mirand
Dr. William Hutchinson
Dr. John Spratt, President-elect
Dr. Timothy Talbot, ex officio

Members absent: Dr. Phillip Shubik

Doctor Copeland opened the meeting by reading a letter to Doctor Mirand from Doctor Murphy (Exhibit I).

With reference to the urgency of inviting all cancer centers activated by the National Cancer Institute to become members of the American Association of Cancer Institutes, Doctor Mirand stated that the Mayo Clinic has been invited to submit an application for membership but he has not received any response from them.

With reference to the Mountain States Tumor Institute, it was pointed out that with the revision of the By-Laws, Page 3, Article III, Section 2a (3), when approved, the Institute will be approved.

A motion was then made and seconded recommending to the By-Laws Committee that the above paragraph revision under advisement should be further revised by striking out the last four words "which is sparsely populated." Dr. John Spratt, Chairman of the By-Laws Committee, was present and was officially notified re the recommended revision. It was reaffirmed that the Mountain States Tumor Institute was recommended for approval as a Special Cancer Center provided the By-Law, Page 3, Article III, Section 2a (3) was successfully amended at the AACI meeting in January of 1974, having been previously reviewed by the Membership Committee with this in mind.

With reference to the Bakersfield satellite arrangement connected with the University of Southern California, the Committee felt this arrangement was beyond their purview for action, unless a proposal is submitted by the University of Southern California.

The Committee then discussed the membership status of twelve Comprehensive Cancer Centers now extant. It was pointed out that four of the twelve are already members of the American Association of Cancer Institutes. They are as follows: M. D. Anderson Hospital and Tumor Institute, Roswell Park Memorial Institute, Memorial Sloan-Kettering Cancer Center, and The National Cancer Institute.

Doctor Talbot cited the following institutions which also have been designated by The NCI as cancer centers:

✓ Cancer Research and Training Program, University of Alabama

Cancer Research Center of Greater Miami, University of Miami Medical School

✓ new name ✓ Duke Comprehensive Cancer Center, Duke University Medical Center

Children's Cancer Research Foundation, Boston

Johns Hopkins Medical Institutions, Baltimore

The Fred Hutchinson Cancer Research Center, University of Washington

✓ University of Southern California Cancer Center

Wisconsin Clinical Cancer Center, University of Wisconsin

Mayo Clinic

The Committee then discussed the need for consideration of the types of membership which would more easily encompass some of the institutions designated as cancer centers by The NCI. Doctor Talbot suggested that the Committee find some mechanism for introducing another definition of "center" into the system in terms of "Co-ordinated Cancer Center," with the objective in mind that the National Cancer Institute be invited to embrace this concept in their definition and guidelines for cancer consonant with the concept, hopefully to be adopted by the membership of NACI.

It was felt that the concept of a Coordinated Cancer Center could be incorporated into the By-Laws and given greater cognizance. The definition of a Coordinated Cancer Center recommended, is as follows: "The term 'Coordinated Cancer Center' shall apply to those organizations which can demonstrate that within their organizational structure they have a cancer program involved with, but not limited to, any two of the program components, consisting of cancer research (both basic and applied), cancer treatment, cancer education and training, and cancer preventive public health."

The guidelines for such a center include:

"a. A Coordinated Cancer Center should provide an organizational plan of operation that brings together researchers, clinicians, teachers, and administrators for the purpose of coordinating cancer-related activities.

"b. **A Coordinated Cancer Center should be recognized as a major function within the organizational structure of the parent institution. It should have a credible organization plan for the administration and efficient operation of the cancer center.** The salient features of such an organization should include the following criteria as minimal requirements:

1) A qualified person on a full- or part-time basis to function as Director of the Coordinated Cancer Program.

2) Physical facilities, preferably centralized as much as possible, to promote collaboration among the constituent programs.

3) Sufficient full-time staff, space, and facilities to ensure successful operation of the center, both scientifically and administratively.

4) A Scientific Advisory Committee to ensure adequate in-house review of the entire program."

Doctor Talbot urged that if the concept is approved, it be submitted to The National Cancer Institute for information and suggested adoption.

A motion was then made to recommend to the By-Laws Committee that either a fifth class of membership to the AACI be provided or that possibly the identity of a Coordinated Cancer Center be written into one of the classes presently in the By-Laws. The motion was adopted unanimously.

Doctor Talbot further suggested that Doctor Putney be asked to present this view at the next meeting of the AACI, January 9-11, 1974, Puerto Rico.

The Committee further recommended to the By-Laws Committee that a change be made in the By-Laws, Article III, Section 2a (1), as follows:

Following "Comprehensive" the words "and/or Coordinated" be added to the beginning of paragraph Section 2a (1), to read:

"Comprehensive and/or Coordinated Cancer Institutes or Centers which include a wide variety, etc."

The Committee then discussed the flexibility of membership. The desperate need to broaden our membership as a goal was pointed out. It was recommended that Article III, Section 2 - "Qualifications for Membership" be amended to provide a vehicle for carrying out this concept. There were certain problems cited which must be solved, i.e. having membership in the same geographic area and under the

same administrative authority. We have Article III, Section 2 recommended as amended, providing an adequate vehicle for consideration of various types of cancer centers. We have not yet come to grips with some of the questions of institutes or centers applying within the same administrative authority.

After considerable discussion, it was the feeling of the Committee that various cancer activities under a unified administrative authority, should be considered as a geographical area to be represented by only one membership. The Committee unanimously recommended to the By-Laws Committee that this concept be introduced into the Constitution.

In changing the Constitution and By-Laws, the retaining of the current membership is envisioned as outlined in the original membership document approved December 12, 1972. It is the hope of the Committee, however, that even institutions with existing membership will take steps to coordinate their joint efforts with other effective organizations within the same chain of authority.

The Committee felt that the Constitution and By-Laws, with currently recommended amendments, should prevail over previously enacted By-Laws.

ACTION TAKEN ON MEMBERSHIP APPLICATIONS:

With reference to:

A. Applications held over - New information received to up-date applications.

After careful deliberation of up-dated information it was decided that the following applications satisfied criteria which were cited for clarification at the last meeting.

1. American Health Foundation -(Dr. John Weisburger)
New York City

The Committee recommended approval for Special Cancer Center Membership.

2. Cancer Research and Training Program, University of Alabama in Birmingham -(Dr. John Durant)
Birmingham, Alabama

The Committee recommended approval for Comprehensive Cancer Center Membership.

3. Duke Comprehensive Cancer Center -(Dr. William Shingleton)
Durham, North Carolina

The Committee recommended approval for Comprehensive Cancer Center Membership.

4. **Mountain States Tumor Institute -(Dr. C. Ronald Koons)**
Boise, Idaho

The Committee recommended approval for Special Cancer Center Membership (under pending revision of By-Laws).

B. Applications held over - No further information received.

1. Tufts Cancer Research Center -(Dr. William H. Fishman)
Boston, Massachusetts

Notified repeatedly to furnish more information to be considered for membership. Has not responded. Deferred.

2. Cancer Research Center of Greater Miami -(Dr. Howard E. Lessner)
Miami, Florida

Notified repeatedly to furnish more information to be considered for membership. Has not responded. Deferred.

C. New applications for membership.

1. Division of Biomedical and Environmental Research (DBER),
United States Atomic Energy Commission -(Dr. James L. Liverman)
Washington, D. C.

In considering this application in terms of the Guidelines: with reference to paragraph 2 - it is not/applicable; with reference to paragraph 3 - the organization represents a contract mechanism for work to be done but the organization identified as the applicant institution is not primarily conducting research as far as we know.

Deferred for further information.

2. Boston University Cancer Research Center -(Dr. Fitzroy Kennedy)
Boston, Massachusetts

Inadequate application. No further information received. The secretary is requested to write for further information concerning application.

Deferred.

3. Cancer Research Center (including Institute of Cancer Research, Columbia University College of Physicians and Surgeons) -(Dr. Paul A. Marks)
New York City

Further information is required.

Deferred for more adequate information regarding administrative status, etc. Most of information comes from a center grant request to NCI.

4. Howard University Cancer Research Center and Freeman's Hospital, Department of Oncology -(Dr. Jack E. White)
Washington, D. C.

Application inadequate; complete application must be filled out.

Deferred for more information. (received subsequent to meeting - qualifies as Special Cancer Center)

D. Up-dating of present membership following receipt of new application form application.

1. St. Jude Children's Research Hospital -(Dr. Alvin Mauer)
Memphis, Tennessee

The Committee recommends reaffirmation of approval for Special Cancer Center membership.

Need further information before institution can be recommended for approval as a Comprehensive Cancer Center (see paragraph 4, 9a under guidelines)

2. University of Chicago Cancer Research Center -(Dr. John E. Ultmann)
Chicago, Illinois

The Committee recommends approval for Comprehensive Cancer Center membership.

3. Cancer Research Units, Oak Ridge National Laboratory -(Dr. John R. Totter)
Oak Ridge, Tennessee

The Committee recommends reaffirmation for Special Cancer Center membership.

4. The Children's Cancer Research Foundation, Inc. (including The Charles A. Dana Cancer Center)-(Dr. George E. Foley)
Boston, Massachusetts

The Committee recommends reaffirmation for Comprehensive Cancer Center membership.

5. Fels Research Institute, Temple University School of Medicine - (Dr. Sidney Weinhouse)
Philadelphia, Pennsylvania

The Committee recommends present status of Special Cancer Center pending revision of status.

Information has been obtained verbally from Temple University that reorganization is being considered.

6. The Institute for Cancer Research (in behalf of The Fox Chase Center for Cancer and Medical Sciences) -(Dr. Timothy R. Talbot)
Fox Chase, Pennsylvania

The Committee recommended approval for Comprehensive Cancer Center membership. They will name delegates from combined institutions.

7. Institute for Medical Research -(Dr. Lewis L. Coriell)
Camden, New Jersey

The Committee recommends reaffirmation for Special Cancer Center membership.

8. McArdle Laboratory for Cancer Research -(Dr. Henry C. Pitot)
Madison, Wisconsin

The Committee recommends reaffirmation for ~~Comprehensive~~ Special Cancer Center membership.

9. Michigan Cancer Foundation -(Dr. Jerome Horowitz)
Detroit, Michigan

The Committee recommends reaffirmation for Comprehensive Cancer Center membership.

10. Wisconsin Clinical Cancer Center -(Dr. Harold P. Rusch)
Madison, Wisconsin

The Committee noted that the Wisconsin Clinical Cancer Center is an organizational network within a multi-campus university composed of many colleges, each of which is divided into departments. Some of these departments are subdivided into divisions. They further noted that the faculty in these departments participate voluntarily and usually part-time in the WCCC to the extent that their research, teaching or service activities are primarily related to clinical cancer research.

They are not employees of the Cancer Center, nor are the specialists, project associates or other staff who assist them in their research. The Center has only four employees, all administrative.

The Committee observed that since the Center is a network of individuals with primary departmental appointments, all administrative and budgetary matters are reviewed by department chairmen and the deans of concerned colleges; and that departments manage their own finances with the exception of Core monies, a small part of the total budget related to clinical cancer activities.

The potential for leadership in developing community programs involving the local medical profession is being planned and other cancer control activities planned, but approval and funding are pending for several aspects.

It was also noted that under research in the application that the plans for research are said to be documented in CA14520-01, CO 615002-01 and are considered confidential documents. Specific queries may be directed to the Director.

The Committee felt that the structure of this organization was such that it would be the wiser course to defer action on this proposal until the membership acts on amendments to go before the membership at its next meeting concerning classes of membership.

11. Roswell Park Memorial Institute -(Dr. Gerald P. Murphy)
Buffalo, New York

The Committee recommends reaffirmation for Comprehensive Cancer Center membership.

12. Cancer Research Center -(Dr. John S. Spratt, Jr.)
Columbia, Missouri

The Committee recommends reaffirmation for Comprehensive Cancer Center membership.

A motion was then made and seconded that recommendations with amendments on membership applications to the AACI be accepted for transmittal to the Membership at its next meeting.

These minutes were recorded by Mrs. Jean A. Randall and edited by the undersigned. They are to be submitted to Dr. Edwin A. Mirand, Secretary of the American Association of Cancer Institutes, for final review and/or correction before distribution.

Respectfully submitted,

Murray M. Copeland, M.D.
Chairman
AACI Membership Committee

MMC:jr/wg

Enclosure

EXHIBIT I

Dr. Mirand

December 3, 1973

Dr. Murphy

Community Comprehensive Cancer Leaders Centers

There is a center in Boise, Idaho and Bakersfield, California that relates to the Fred Hutchinson Center or to the USC Center. I believe M. D. Anderson has also instituted such satellite operations. When your membership committee of the AACID meets in Houston, Texas, you should consider some means of presenting to the Board a means of implementing or including these people, or at least their directors, as associate members. I think it is highly important.

I also had the opportunity to reaffirm a prejudice with Dr. Clark that we must absolutely move on the positive basis to get all the 12 current comprehensive centers identified by the National Cancer Board and Panel into our Society. This includes Mayo Clinic. Shilly-shallying around, waiting for people to write letters will not do it. We simply cannot afford to have the other groups take over this area. If we don't the deans will be running it quite promptly.

I am sure you will discuss these matters with Dr. Copeland while you are there.

Gerald P. Murphy, M.D., D.Sc.

GPM/cm

cc: Dr. Copeland
Dr. R. Lee Clark

Appendix IV

January 6, 1974

National Cancer Institute

Comparison of Grants and Contracts
(In thousands)

	1972		1973		1974	
Regular Research Grants	$69,300		$86,203		$115,153	
Cancer Centers	50,233		67,510		91,075	
Cash Prizes	608		3,950		11,003	
Total Research Grants	$120,139	50%	$157,663	54%	$217,231	55%
Total Research Contracts	49,544	20%	69,296	23%	95,000	24%
Total Support Contracts	72,516	30%	66,865	23%	80,809	21%
Total Grants and Contracts	$242,199	100%	$293,824	100%	$393,040	100%

Comparison of Research Grants and Research Contracts
(In thousands)

	1972		1973		1974 ($500 Million Level)		1974 (Incl. Impounded Funds)	
1. Regular Program:								
Non-competing	$36,417		$54,[illegible]08		$65,534		$64,532	
Competing	32,892		31,[illegible]5		32,566		50,621	
Total Regular Program	69,309		86,203		98,100		115,153	
Cancer Centers	50,203		67,510		84,065		91,075	
Task Forces	638		3,950		10,000		11,003	
Total Grants	120,150		157,663		192,165		217,231	
Research	1[illegible],893	95%	139,372	88%	168,453	88%	191,231	88%
Non-Research	6,257	5%	18,290	12%	23,712	12%	26,000	12%
2. Contracts	122,040		136,161		160,910		175,809	
Research	49,544	41%	69,296	51%	86,968	54%	95,000	54%
Non-Research	72,505	59%	66,[illegible]65	49%	73,942	46%	80,809	46%

Comparison of Research Grants and Research Contracts
(In thousands)

Appendix VI

	1972		1973		1974 ($300 Million Level)		1974 (Incl. Impounded Funds)	
3. Summary								
Research Grants (excl. non-research)	$113,893	70%	$139,373	67%	$168,453	66%	$191,231	67%
(Universities included)	(66,792)		(82,963)		(111,000)		(128,000)	
Research Contracts (excl. non-research)	49,544	30%	69,296	33%	86,968	34%	95,000	33%
(Universities included)	(30,265)		(33,134)		(42,000)		(46,000)	
Total	163,437	100%	208,669	100%	255,421	100%	286,231	100%
4. % of Award Approved Regular Research Grants Funded	66%		58%		33%		65%	
Traditional Grants only	62%		52%		26%		63%	

F/C-

10.1

THE UNIVERSITY OF TEXAS SYSTEM
CANCER CENTER

MEMORANDUM

DATE: 1/14/74

TO: Miss Macdonald

FROM: Dr. R. Lee Clark
OFFICE OF THE PRESIDENT

MESSAGE:

Miss Macdonald:

Doctor Clark asked that the attached be sent to you for information and review.

Suzan Weaver
Secy.

sent gray booklet - Cancer in Puerto Rico- 1971

PSF(I-117)

Rec'd

Children's Cancer Research Foundation, Inc.
35 Binney Street, Boston, Massachusetts 02115
617-734-6000

10.1

SIDNEY FARBER MEMORIAL CANCER BILL

1. The establishment of a Comprehensive Cancer Center for children and adults by Dr. Sidney Farber was interrupted by his recent death. Completion of this unique Center will fulfill many urgent needs and thus will represent the finest tribute to Sidney Farber.

2. A major effort has been launched for that purpose. Support to a large extent has been obtained from private and public sources. However, additional support at an annual level of approximately $5,000,000 for the next five years is needed to complete construction now underway and permit adequate operation of the new Center and The Children's Cancer Research Foundation.

3. A tentative outline of the budget includes:

First year:	Completion of current phase of construction (to include 6 shell floors)	$ 4,000,000,000
	Installation and equipping of surgical unit	1,000,000,000
	Equipment for Diagnostic Radiology	1,000,000,000
Second year:	Completion and finish of 6 shell floors	6,000,000,000
	Completion of construction for Radiotherapy facilities	1,500,000,000

	Installation of equipment for Radiotherapy; 18 MEV; neutron accelerator; other radiotherapy equipment	$ 900,000,000
First-Fifth Year:	Recruitment and support for Senior Personnel	8,000,000
	Operational expenses	2,000,000

4. It is suggested that funds for the above purpose might be provided through a "Sidney Farber Memorial Cancer Bill." Ample precedent for such legislative support has resulted in extraordinarily successful programs.

5. Alternately, support for the above purposes might be obtained through current National Cancer or other National Institutes of Health programs, possibly through dis-impounded funds.

Children's Cancer Research Foundation, Inc.
35 Binney Street, Boston, Massachusetts 02115
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Children's Cancer Research Foundation, Inc.
35 Binney Street, Boston, Massachusetts 02115
617-734-6000

0.1

With the death, on March 30, 1973, of Sidney Farber, M.D., Founder, President, and Director of The Children's Cancer Research Foundation, Inc., Boston, Massachusetts; S. Burt Wolbach Professor of Pathology, Harvard Medical School; and Father of the Modern era of chemotherapy for neoplastic disease; American medicine lost one of its most illustrious figures, and cancer research and biomedical research in this country and around the world have lost a remarkably articulate and effective Medical Statesman and Spokesman - it is unlikely that the colleagues he left behind will see his equal in our lifetimes.

His participation in national affairs relating to health and biomedical research covered a span of more than twenty years, with service on various Study Sections and Councils of the National Institutes of Health; the Food and Drug Administration; and the Armed Forces Institute of Pathology. He served as a member of the National Advisory Cancer Council for fifteen years, and the National Advisory Health Council for four years. In each of these more than twenty years, he testified before the Appropriations Committees of the House and Senate of the Congress of the United States concerning the needs of the country for the support of medical and biomedical research and education. He was instrumental in establishing the Cancer Chemotherapy National Committee in 1955, and served as its first Chairman for seven years. This Committee was responsible for the implementation of the Cancer Chemotherapy National Service Center at the National

Cancer Institute. In 1959 he served on the Committee of Consultants on Medical Research to the United States Senate, which recommended many of the innovations developed at the National Institutes of Health for the support of medical and biomedical research and education; including such programs as the Career Research Awards, Clinical Research Centers, Program Project Grants, and General Research Support. In 1959-64 he served as a Member of the World Health Organization Expert Advisory Panel on Cancer. In 1964 and 1965 he served as Chairman of the Panel on Cancer, on the President's Commission on Heart Disease, Cancer and Stroke, the recommendations of this Commission leading to the development of Regional Medical Programs. In 1969 and 1970, he served as Co-Chairman of a National Panel of Consultants on the Conquest of Cancer as part of the then developing National Program for the Conquest of Cancer, which resulted in the National Cancer Attack Act of 1971. At the time of his death, he was a member of the National Cancer Advisory Board which had been created in consequence of this legislation.

His early interest in cancer - its biology and natural history as well as its pathology, coupled with his refusal to accept the then common reaction of overwhelming hopelessness and inactivity occasioned by its diagnosis - especially in early life - led to what are perhaps his greatest contributions. Immediately after World War II, in the Department of Pathology at The Children's Hospital, he undertook studies of the stimulatory effects on the bone marrow of what was then known as "folic acid," - which had been isolated and characterized by the late Dr. Y. Subba-Row, then at Lederle Laboratories. These experiments led him to ask Subba-Row

to synthesize an "antagonist" to "folic acid," venturing the prediction that such a compound might be useful for the treatment of acute leukemia. In consequence, Subba-Row synthesized the first antimetabolite of "folic acid" - Aminopterin; and its pre-clinical and clinical evaluation resulted in a milestone in the annals of medical history - a report in the New England Journal of Medicine in 1948 describing for the first time the induction of complete hematologic remission in children with acute leukemia following treatment with a chemical agent - clearly identifying Sidney Farber as the Father of the modern era of chemotherapy of neoplastic disease.

Based upon these beginnings, and with the support of the Variety Clubs of New England - which continues to this day - The Children's Cancer Research Foundation was conceived and organized in 1947, to be incorporated a few years later as an independent entity. This now world-famous institution was the first to be devoted to the study and care of children with neoplastic disease, particularly the acute leukemias, and is known around the world as the "Jimmy Fund."

The concepts underlying the broad programs in preclinical research oriented to improving the quality of treatment and care of the patient with neoplastic disease soon resulted in the development of methods for the separation, isolation, and preservation of human blood platelets for the supportive treatment of patients with cancer who develop thrombocytopenia in the course of their disease, or in consequence of its treatment. Some of the earliest work on the separation and preservation of human granulocytes for supportive transfusion, and on the biology of bone marrow transplantation were undertaken in these research programs.

His concepts, firmly grounded in the importance of pre-clinical research and complete devotion to the patient and his or her family, resulted in the development more than twenty-five years ago of the then new and novel concept of interdisciplinary "total care" of the patient - a concept which now has been accepted throughout the world.

The growth of the Foundation was phenomenal in these early years. Its quarters in The Children's Hospital were soon outgrown, and in 1951 - again with the support of the Variety Clubs of New England and "seed money" from the National Cancer Institute, the Foundation moved into its own home in the Jimmy Fund Building. In 1955, another therapeutic triumph was announced - the induction of remission in children with metastatic Wilms' tumor following therapy with actinomycin D and X-irradiation. Program scope and needs continued to grow, and in 1958, the Redstone Laboratories were added to the facilities of the Foundation; and in 1962, with the help of The Charles A. Dana Foundation, an addition to the Jimmy Fund Building nearly doubled the available facilities. During these busy years, he became a primary force in the development of still another new concept to improve the quality of care provided to the patient with cancer - that of Regional Centers.

In support of his own concepts, and with the support of his Board of Trustees and initiating support from The Charles A. Dana Foundation, construction of The Charles A. Dana Cancer Center was undertaken in 1971 to provide facilities to extend Foundation services to adult patients with neoplastic disease; and on June 20, 1973; his dream was fulfilled - the Foundation was designated as a Comprehensive Cancer Center by the National Cancer Institute. Again, he would have

viewed this, like earlier accomplishments, as beginnings - mere prologue to greater things to come from expanded programs in pre-clinical research and clinical investigation.

Although support for the construction and operation of these new facilities has been obtained in part, it is very clear that substantial additional support is required to complete construction, to support the recruitment of personnel and the acquisition of equipment required to establish a firm foundation for the further development of the highest quality Comprehensive Cancer Center. It is this support which would be requested in a Sidney Farber Cancer Memorial Bill.

It is proposed that the funding request might consist of 5 Million dollars for five years, or a total of 25 Million dollars. These funds would be used as follows:

First Year:	Completion of current phase of construction (to include 6 shell floors)	$ 4,000,000,000
	Installation and equipping of surgical unit	1,000,000,000
	Equipment for Diagnostic Radiology	1,000,000,000
Second Year:	Completion and finish of 6 shell floors	6,000,000,000
	Completion of construction for Radiotherapy facilities	1,500,000,000
	Installation of equipment for Radiotherapy; 18 NEV; neutron accelerator; other radio-therapy equipment	900,000,000

Endowment of tenure appointments through Harvard Medical School to be known as the Sidney Farber Professor of

(in-field) at the Foundation in support of appointments in: Internal Medicine; Pediatrics; Surgery; Radiotherapy; Radiology; Tumor Immunology; Pharmacology; Viral Oncology; Chemical Carcinogenesis; and Cell Biology $ 10,000,000

Ample precedent has been set for such separate legislation in support of Cancer Centers; e.g., the MacArdle Laboratory of Wisconsin, the Hutchinson Cancer Center in Seattle, and the Dartmouth Cancer Center in New Hampshire. Both the MacArdle Laboratory and the Hutchinson Cancer Center have been extraordinarily successful, due in considerable part to this kind of legislative support. The Dartmouth Cancer Center has been created relatively recently, and already is off to a very good start.

It seems probable that a fairly large proportion of the funding for cancer, if approved by Congress will be disimpounded in fiscal 1974. This would mean as much as a $50 - 60 Million dollar increase over that which has been planned for fiscal 1974. Thus, it should be emphasized that the funding indicated herein for the completion and staffing of the Foundation as a Comprehensive Cancer Center might be available through the current National Cancer Program rather than by separate legislation. This alternative should be kept in mind as we proceed.

November 3, 1973

8.0

COMMITTEE MEMBERS - 1973

ASSOCIATION OF AMERICAN CANCER INSTITUTES

BOARD OF DIRECTORS

One Year Appointments:	Dr. Philippe Shubik Dr. Frank J. Rauscher, Jr.
Two Year Appointments:	Dr. Murray M. Copeland Dr. Albert H. Owens, Jr.
Three Year Appointments:	Dr. Timothy R. Talbot, Jr. Dr. James L. Liverman

FINANCE

Chairman:	Dr. Timothy R. Talbot, Jr.
Ex Officio	Dr. Harold P. Rusch Dr. Edwin A. Mirand Dr. Frank Rauscher, Jr.

MEMBERSHIP

Chairman:	Dr. Murray M. Copeland Dr. Robert O. Johnson Dr. William B. Hutchinson Dr. Edwin A. Mirand Dr. Philippe Shubik

ARRANGEMENTS AND PUBLIC RELATIONS

Chairman:	Dr. Edwin A. Mirand Host Institute Representative - where meeting is held

POLICY AND PROGRAMS

Chairman:	Dr. Albert H. Owens, Jr. Dr. Michael Brennan Dr. Robert C. Hickey

NOMINATING COMMITTEE

Chairman:	Dr. R. Lee Clark Dr. Henry C. Pitot Dr. David A. Wood

BY-LAWS COMMITTEE

Chairman:	Dr. John Spratt Dr. Murray M. Copeland Dr. Ramon E. Llobet

LIAISON REPRESENTATIVE

National Cancer Advisory Board: Dr. Gerald P. Murphy

American Cancer Society: Dr. Gerald P. Murphy

AD HOC COMMITTEE ON IMPLEMENTATION OF COMMITTEE REPORTS OF 1972

Chairman: Dr. Timothy R. Talbot, Jr.
Dr. John Spratt
Dr. R. Lee Clark
Dr. Edwin A. Mirand
Dr. Gerald P. Murphy
Ms. Jackie Parkman (Nominated by Dr. Rauscher as his representative)

ROSWELL PARK MEMORIAL INSTITUTE

Department of Health • State of New York
Hollis S. Ingraham, M.D., *Commissioner*

666 Elm Street • Buffalo, New York 14203
Gerald P. Murphy, M.D., D.Sc., *Director*

December 12, 1973

Mrs. JoAnne Hale
Secretary to Dr. R. Lee Clark
The University of Texas System Cancer Center
Texas Medical Center
Houston, Texas 77025

Dear Mrs. Hale:

Enclosed is a list of the membership for the AACI; however, it still is not completely accurate. We have been trying to bring it up to date but as you can see, there are still a few questions. I hope to get this resolved either at our next Membership Committee meeting or the Annual Meeting in San Juan.

Sincerely yours,

Edwin A. Mirand

Edwin A. Mirand
Associate Institute Director
and Professor;
Secretary-Treasurer, AACI

EAM:co
Enclosure

JH - I surely thought we got
one more recently. Could
girls at mkt have it for
card-check?
If not, ok

TO REC'D
BR

October 30, 1973

Dr. Edwin A. Mirand
Secretary
Association of American Cancer Institutes
Roswell Park Memorial Institute
666 Elm Street
Buffalo, New York 14203

Dear Doctor Mirand:

We would appreciate receiving a current list of the AACI members and their titles. The latest list we have is dated February, 1973 and there have been some changes since that time.

Thank you.

Sincerely yours,

(Mrs.)JoAnne Hale
Secretary to R. Lee Clark, M.D.

/jh

OFFICE OF THE PRESIDENT

DATE 10/22

___ DR. CLARK	___ MRS. SCHWARTZ
___ MR. LEON	___ MRS. WEAVER
~~1 MRS. LOWREY~~	___
~~MISS RICE~~	___ DR. RAWSON
___ MRS. KOLENDA	___ MRS. LUCAS
2 MRS. HALE	___ MRS. BRANDENBERGER
___ MRS. McDANIEL	___ MR. HERREN
___ MRS. NEELLEY	___ DR. COPELAND

___ FOR YOUR INFORMATION
___ SEE ME FOR DISCUSSION
___ PLEASE HANDLE THIS
___ FOR YOUR APPROVAL
___ FOLLOW-UP
___ FILE
___ RETURN TO ME

NOTE: "Frances said no "AACI" slip there. Due to bulk mailing Dr Talbot's probably got lost." I believe it would be good to send list as of suggested. When I get these clean runs I can send more.

INITIAL

PSF(L-118)

10/22/73 - BR. Plse check into this "little slip up" ??
It is bad if true that AACI has slipped off the list - we can't see how it would happen!
MC.

THE UNIVERSITY OF TEXAS SYSTEM
CANCER CENTER

MEMORANDUM

DATE: 10/22/73

TO: Marion

FROM: BJ
OFFICE OF THE PRESIDENT

MESSAGE:

This weekend Dr. T. Talbot called me long distance and asked for the exact dates of the Clinical Conference and the Symposium. Said he didn't get notification and wants to know why his name is not on the list. I checked with distribution and the young man said:

(1) he is not on the list
(2) he saw his name on something about 2 weeks ago but he doesn't know what he did with it
(3) he will send him a notice of the Clinical Conference right away.

How do you suppose Talbot's name

(over)

PSF(I-117)

MEMBERSHIP LIST

ASSOCIATION OF AMERICAN CANCER INSTITUTES

Institute	Representatives
American Oncologic Hospital Central and Sheimire Avenues Philadelphia, Pennsylvania 19111	Dr. Paul J. Grotzinger, Medical Director (Ph.: 215, 722-1900, Ext. 300) Dr. Paul F. Engstrom Director, Department of Medicine (Ph.: 215, 722-1900, Ext. 301) Dr. Joseph G. Strawitz (Ph.: 215, 722-1900, Ext. 334)
Cancer Research Center Business Loop 70 and Garth Avenue Columbia, Missouri 65201	Dr. John S. Spratt, Jr., Director (Ph.: 314, 443-3103, Ext. 274) Dr. Harry Dr. Brown (Ph.: 314, 443-3103, Ext. 270)
Cancer Research Institute New England Deaconess Hospital 185 Pilgrim Road Boston, Massachusetts 02215	Dr. George E.Nichols , Jr. Scientific Director (Ph.: 617, 734-7000, Ext. 2404) Mr. Robert D. Pence Assistant Director (Ph.: 617, 734-7000, Ext. 2007) Miss Constance Langone (Ph.: 617, 734-7000, Ext. 2407)
Cancer Research Institute University of California, San Francisco 3rd Avenue & Parnassus San Francisco, California 94118	Dr. Julius Krevans, Acting Director (Ph.: 415, 666-2342) Dr. Theodore L. Phillips, Associate Director (Ph.: 415, 666-4815) Dr. David A. Wood (Emeritus) (Ph.: 415, 666-2201 or 666-2507)
Children's Cancer Research Foundation 35 Binney Street Boston, Massachusetts 02115	Dr. George E. Foley Associate Director for Laboratories Dr. Emil Frei, III Director

ASSOCIATION OF AMERICAN CANCER INSTITUTES

Eppley Institute for Research in Cancer
University of Nebraska Medical Center
42nd and Dewey Avenue
Omaha, Nebraska 68105

Dr. Philippe Shubik, Director
(Ph.: 402, 541-4238)

Dr. John G. Keller
Associate Director

Fels Research Institute
Temple University School of Medicine
3420 North Broad Street
Philadelphia, Pennsylvania 19140

Dr. Sidney Weinhouse, Director
(Ph.: 215, 221-4343 or 221-4300)

Mr. Howard Schurr

Mrs. Pauline Kotin

Johns Hopkins Hospital
(John s Hopkins University,
School of Medicine)
304 Carnegie Building
Baltimore, Maryland 21205

Dr. Albert H. Owens, Jr.
Director, Oncology Center
(Ph.: 301, 955-3303 or 955-3300)

Dr. Raymond E. Lenhard

Dr. George E. Santos

? Mr. Richard L. Harrington, Assoc. Director
Administrative Services

Fred Hutchinson Cancer Research Center
1102 Columbia Street
Seattle, Washington 98104

Dr. William B. Hutchinson
(Ph.: 206, 292-2931)

Dr. John R. Hartmann

Dr. Charles A. Evans

Institute for Cancer Research
7701 Burholme Avenue
Philadelphia, Pennsylvania 19111

Dr. Timothy R. Talbot, Jr., Director
(ph.: 215, 342-1000, Ext. 402)

Dr. Alton I. Sudnick
(Ph.: 215, 342-1000, Ext. 531)

Dr. Baruch Blumberg
(Ph.: 215, 342-1000, Ext. 453)

Institute for Medical Research
Copewood Street
Camden, New Jersey 08103

Dr. Lewis L. Coriell, Director
(Ph.: 609, 966-7377)

Dr. Warren Nichols, Asst. Director

Mr. S. Robert Wilson
Director of Support Services

ASSOCIATION OF AMERICAN CANCER INSTITUTES

Institute	Representatives
Los Angeles County - University of Southern California Cancer Center 2025 Zonal Avenue Los Angeles, California 90033	Dr. Denman Hammond Associate Dean and Director (Ph.: 213, 225-1511) Dr. Thomas C. Hall Assoc. Director for Clinical Investigation (Ph.: 213, 225-1511, Ext. 226) Dr. Robert J. Hasterlik Assoc. Director for Regional Activities (Ph.: 213, 225-1511, Ext. 246)
I. Gonzales Martinez Oncologic Hospital Puerto Rico Medical Center P. O. Box 1811 Hato Rey, Puerto Rico 00919	Dr. Ramon E. Llobet, Medical Director (Ph.: 809, 756-7070) Dr. Manuel Rodriguez Ema
***McArdle Laboratory for Cancer Research Medical Center University of Wisconsin Madison, Wisconsin 53706 University of Wisconsin Clinical Cancer Center 701C University Hospitals 1300 University Avenue Madison, Wisconsin 53706	Dr. Henry C. Pitot, Director (Ph.: 608, 262-2177 or 262-4910) Dr. Elizabeth Miller Dr. Harold P. Rusch (Ph.: 608, 262-3850 or 262-1686) Dr. Robert O. Johnson Division of Clinical Oncology 709C University Hospitals (Ph.: 608, 262-1676)
***Franklin McLean Memorial Institute (formerly Argonne Cancer Research Hospital) 950 East 59th Street Box 420 Chicago, Illinois 60637 University of Chicago Cancer Research Center 950 East 59th Street Chicago, Illinois 60637	Dr. Alexander Gottschalk, Director (Ph.: 312, 947-5007) Dr. John E. Ultmann Director of Clinical Oncology (Ph.: 312, 947-5017) Dr. John E. Ultmann, Director (Ph.: 312, 947-5017) Dr. Alexander Gottschalk

***Clarification by Membership Committee

ASSOCIATION OF AMERICAN CANCER INSTITUTES

Institute	Representatives
Memorial Sloan-Kettering Cancer Center 444 E. 68th Street New York, New York 10021	Dr. Lewis Thomas, President Dr. Robert A. Good Director of Research Dr. Edward J. Beattie, Jr. Chief Medical Officer Alternates: David W. Walsh, Executive Vice-President C. Chester Stock, Ph. D. Alvin Freiman, M. D.
Michigan Cancer Foundation 4811 John R Street Detroit, Michigan 48201	Dr. Michael J. Brennan President and Medical Director (Ph.: 313, 833-0710) Dr. Jerome P. Horwitz Scientific Director (Ph.: 313, 833-0710)
National Cancer Institute 9000 Rockville Pike Bethesda, Maryland 20014	Dr. Frank J. Rauscher, Jr., Director (Ph.: 301, 496-5615) Dr. Guy R. Newell, Deputy Director (Ph.: 301, 496-3505) Dr. Bayard H. Morrison, III Assistant Director Cancer Control (Ph.: 301, 496-3301)
Oak Ridge National Laboratory Oak Ridge, Tennessee 37830	Dr. John R. Totter, Associate Director for Biomedical and Environmental Sciences P. O. Box X (Ph.: 615, 483-8611) Dr. Francis T. Kenney Biology Division P. O. Box Y Dr. N. G. Anderson Biomedical and Environmental Sciences P. O. Box X

ASSOCIATION OF AMERICAN CANCER INSTITUTES

Institute	Representatives
***Oak Ridge National Laboratory	Dr. James L. Liverman, Director Division of Biomedical and Environmental Research United States Atomic Energy Commission Washington, D. C. 20545 William W. Burr, Deputy Director Sidney Marks
Roswell Park Memorial Institute New York State Department of Health 666 Elm Street Buffalo, New York 14203	Dr. Gerald P. Murphy, Director (Ph.: 716, 845-5770) Dr. Edwin A. Mirand Associate Institute Director (Ph.: 716, 845-3095) Mr. Robert W. Goehle Fiscal Administrator (Ph.: 716, 845-3033)
Southern Research Institute Kettering-Meyer Laboratory 2000 Ninth Avenue South Birmingham, Alabama 35205	Dr. Howard E. Skipper Vice-President and Director (Ph.: 205, 323-6592) Dr. Frank M. Schabel, Jr. Director, Chemotherapy Research
St. Jude Children's Research Hospital 332 North Lauderdale Street Box 318 Memphis, Tennessee 38101	Dr. Alvin M. Mauer, Medical Director Mr. Carl B. Simmons, Administrator (Ph.: 901, 525-8381) Dr. Allan Granoff
The University of Texas M. D. Anderson Hospital and Tumor Institute Houston, Texas 77025	Dr. R. Lee Clark, President University of Texas System Cancer Center (Ph.: 713, 792-2121) Dr. Robert C. Hickey, Director Dr. Murray M. Copeland, Vice-President University Cancer Foundation (Ph.: 713, 792-3025)

***Clarification by Membership Committee

ASSOCIATION OF AMERICAN CANCER INSTITUTES

Institute	Representatives

CORRESPONDING MEMBERSHIP

International Agency for Research on Cancer World Health Organization 150, Cours Albert Thomas 69008 Lyon, France	Dr. John Higginson, Director

1.0

Minutes

of

Association of American Cancer Institutes

Holiday Inn, Bethesda, Maryland

January 15, 1973

Members Present:

Drs. Clark, Copeland, Evans, Foley, Johnson, Kenney, Lenhardt, Llobet, Mirand, Morrison, Murphy, Nichols, Owens, Peters, Rusch, Spratt, Stock, Talbot, Totter, Watson and Wood. Messrs. Goehle, Pence, Schurr and Simmons. Mrs. Pauline Kotin.

Others in Attendance:

Dr. Creech - American Association for Cancer Research; Dr. Cutler - National Cancer Institute; Dr. Kalberer - National Cancer Institute; Mr. Leedy - Institute for Cancer Research; Dr. Miller - National Cancer Institute; Mrs. Anne Murphy - M. D. Anderson Hospital and Tumor Institute; Dr. O'Conor - National Cancer Institute; Mrs. Parkman - National Cancer Institute; Dr. Peters - National Cancer Institute; Dr. Priore - Roswell Park Memorial Institute; Dr. Saunders - National Cancer Institute; Dr. Walters - National Cancer Institute; Mrs. White - M. D. Anderson Hospital and Tumor Institute.

Dr. Rusch opened the meeting and gave a report on the newly appointed Board of Directors. He indicated that the Board of Directors recommended the American Association of Cancer Institutes be incorporated in Missouri. He called on Dr. Spratt to give the current status of AACI incorporation. Dr. Spratt said that this is in process. Dr. Rusch pointed out that it was necessary for AACI to be incorporated in order to request funds to cover certain activities of the AACI. Dr. Rusch pointed out that there should be closer liaison between AACI and UICC. Dr. Rusch reported on the UICC meeting in Geneva held in October at which several members of AACI were present. He stressed the need for permanent liaison between AACI and UICC. He also informed the AACI that an ad hoc committee was going to meet in February to negotiate the establishment of a UICC commission of cancer institutes and centers to augment international collaboration of these organizations at institutional level. Dr. Murphy and Dr. Clark along with Dr. O'Conor will be attending this meeting and it was hoped that they will return to give us reports on their progress at our next meeting.

Ad Hoc Committee for Implementation

Dr. Rusch appointed an Ad Hoc Committee on Implementation. This Committee was charged to implement the ideas worked out at various workshops. This Committee was to take under consideration the various suggestions offered at the various workshops and establish those in priority. Dr. Rusch appointed Dr. Talbot chairman, along with Drs. Clark, Mirand and Murphy, and one individual to be appointed by Dr. Rauscher. It is hoped that this Committee will finalize all workshop reports that have been assembled and put them into final submission to Dr. Rauscher, Director of the National Cancer Institute and Director of the National Cancer Program. The final report prepared by this Committee will be reviewed by the Board of Directors of AACI for final approval before submission to Dr. Rauscher. Dr. Clark pointed out that it might be necessary in order to produce a final report, to have outside consultants be brought in as advisors. Obviously, this Committee, then, will need financial support. This was recognized by Dr. Rusch; therefore, he immediately appointed a Finance Committee as follows: Dr. Talbot, chairman; Drs. Mirand, Rauscher and Spratt. He urged that Dr. Talbot, chairman of the Ad Hoc Committee on Implementation, make a request to the Finance Committee to cover expenditures that are contemplated by the Ad Hoc Committee on Implementation.

Secretary-Treasurer Report

Dr. Mirand informed the membership that the amount of money in our Treasury was $1781.51. He also reported on the correspondence he has received concerning membership into AACI. These were as follows:

1. Mountain State Tumor Institute, Boise, Idaho - Dr. C. Ronald Koons.
* 2. University of Southern California, School of Medicine - Dr. Denmon Hammond.
* 3. Mayo Clinic, Rochester, Minnesota - Dr. Oliver Beahrs.
4. University of Alabama in Birmingham, Department of Medicine - Dr. John Durant.
5. American Health Foundation, New York City - Dr. John H. Weisburger.
* 6. Tufts University, Cancer Unit.

Dr. Mirand recommended that the Membership Committee take these requests for membership into consideration. Some of these have not prepared the required documentation to be considered by the membership for admission into the Association. (Indicated by asterisk)

Membership List

Dr. Mirand pointed out that the membership of the AACI must be stabilized. This is very important, not only for our purpose, but for the purpose of incorporation of the Association into the State of Missouri.

Dr. Hugh Creech's Comments to AACI

Dr. Harold Rusch invited Dr. Hugh Creech, Secretary-Treasurer of the American Association for Cancer Research (AACR), to make a few comments before the AACI membership. Dr. Creech stated that the AACR was paying particular attention now to the political aspects of the Association's efforts to obtain funds for cancer research in the United States. He also informed us of the meeting that AACR had with Dr. Rauscher in October and at this meeting, two points were stressed by AACR:

1. More training of young people in the cancer field was necessary.
2. The issue concerning the controversy over contracts versus grants. He also pointed out that Dr. Rauscher asked AACR to offer advice to him in various areas.

Next Meeting

After some discussion, it was decided that June 24, 25 and 26 be the dates for our next meeting in Seattle, Washington. Dr. Mirand was instructed to inform Dr. Hutchinson and Dr. Hartmann of our desire to accept their invitation to hold our next meeting there. Dr. Llobet extended an invitation to the membership of AACI to come to Puerto Rico for their next meeting. We tentatively scheduled some time in January.

Dr. Rauscher's Comments to the AACI Membership

Dr. Rusch introduced Dr. Rauscher to make comments concerning progress on the National Cancer Program. Dr. Rauscher stressed the political and scientific needs of cancer research and how politics can influence budget considerations. He pointed out the communication with the White House continues to be excellent. He gave his evaluation on the progress of the National Cancer Program and felt that it was going well. He explained that there will be three reports on the National Cancer Program: One by him, the Panel and the Board. Dr. Rauscher said that, currently, he has all three reports ready for submission and hopes to forward them to the President next month. The President will then submit his opinions to Congress and they will study it in regards to the budget for the next

fiscal year. Dr. Rauscher informed the membership that he is attempting to get authority to approve grants for $35,000.00 or less on his personal signature. He feels this would greatly streamline the present system. Dr. Rauscher also informed the membership that a 5-year budget projection must be submitted along with the reports and it must be updated each year. This will be the first annual report to be submitted to the President for submission to Congress.

Dr. Rauscher talked about the budget which was set up for cancer with a note that last year's budget, FY 1972, was $378 million (on the first supplement the President requested $100 million and this was approved by Congress, and then toward the end of FY 1972, the President asked Congress for another $40 million which was appropriated--$36 million for construction and $4 million for training). The President's budget for FY 1973, is $432 million all of which has not yet been released forcing NCI to operate on a continuing resolution. For FY 1974, the President has increased the level over FY 1973 by $68 million to a level of $500 million.

When asked about funds for clinical cancer research training for the upcoming year, Dr. Rauscher explained the Administration has not looked favorably upon allocating funds for training. He also expressed a need for another mechanism of funding besides the present grant and contract. Research agreements are being considered at present, but the outcome is uncertain for the immediate future. Dr. Rauscher also expressed a need for better methods of informing the scientific community of various types of funding mechanisms, and NCI posture on them. He stated mechanisms of management of national task programs such as lung and breast are still being handled on NCI campus, however, colon, bladder and prostate management are now off NCI campus. Dr. Rauscher pointed out that the National Cancer Act also calls for greater participation on foreign scene and $8 million has been set aside for developing this. Most projects in foreign countries will be funded through contracts. The National Cancer Act also calls for careful evaluation of grants and contracts sent abroad to determine if the same project can be developed just as well in this country. Grants and contracts on projects abroad must have the quality of uniqueness and be proven that research and study of that particular project would be highly beneficial to the American public. Dr. Rauscher pointed out the Act also provides for the establishment of International Cancer Research Data Bank which would be available to everyone as a main source of information to date on all cancer research. At present, he states we are still studying this matter to determine where this International Cancer Research Data Bank should be located. Dr. Rauscher also said that the National Cancer Act calls for the development of 15 new centers which can be funded up to $5 million. Dr. Rauscher reported that 6 to 8 cancer centers will be identified by the end of this fiscal year, 1973, and all 15 should be identified and perhaps receive initial funding by FY 1974. He pointed out there is a need to set up a series of parameters as to what criteria will be necessary to establish the centers. He felt some

of the parameters have been defined by Dr. Harold Rusch's Committee. One thing that Dr. Rauscher felt that was important as a parameter was the center should have good follow up. There also should be continuation of research at such centers making this information available to other hospitals and centers in the community. Dr. Rauscher discussed, also, the matter of cancer control. He said if the full amount of funding is made available, there will be $30 million for cancer control. He pointed out that the contract mechanism will be used to disburse such funds for cancer control programs. He emphasized that it must be realized that cancer control funds will not be used for the general practice of medicine. Dr. Rauscher pointed out that there will be establishment of a National Coordination Committee. This Committee will help the NCI director to coordinate all cancer programs with other federal agencies as well as with American Cancer Society, etc. He also pointed out that 20 new breast cancer detection centers will be set up across the country and this will be a joint project with ACS and NCI. He stated, too, a sum of $49 million has been set aside, this year, for construction. Dr. Rauscher expressed a need for improving facilities already in existence as well as building new centers. Dr. Rauscher pointed out further that it was very important that in the implementation of the National Cancer Program, we don't overpromise to create an over-expectency. That we must guard against. Progress, in his opinion, was what we are doing to reduce the incidence of cancer and cancer morbidity rather than direct ourselves to a lot of feverish activity. Dr. Chester Stock asked Dr. Rauscher if the research agreement is considered the third mechanism for funding. His answer was yes, however, he felt there is still a need to find one specific effective method for funding. He went further to explain, too, that in the U. S. A. grants and contracts were the traditional way to fund and it would appear to him that the research agreement would be an intermediate mechanism for funding. He pointed out this mechanism of research agreement is currently being used by other government agencies such as the Atomic Energy Commission. Dr. Nichols asked if we can expect training grants to be phased out because of the lack of interest in funding by the government. Dr. Rauscher said as it stands now, no new money will be made available for funding of training and it can be expected that such funds now available will cover current training but to expect all NIH training programs to be phased out. Dr. Rauscher stated that if cancer institutes will find funding for training difficult to obtain that they should specifically state to him how the cutback in training funds would hurt their trainee programs and hurt their capability to assist in carrying out the objectives of the National Cancer Program. Dr. Rusch pointed out that his institute is preparing to write a letter to Benno Schmidt indicating what the impact on cutting back on training funds will do to their cancer programs. Dr. Spratt suggested that if the word "training" is considered dirty in the political structure, then we should change it to demonstration and request funding that way. Again, it was requested by Dr. Rusch and Dr. Murphy, that all suggestions be forwarded to Dr. Rauscher within the next 10 days. However, Dr. Rauscher feels that nothing can be done within the next 10 days that will enable any changes in the budget for the next

fiscal year. Dr. Rusch thanked Dr. Rauscher for attending this meeting and sharing this information with the membership. Dr. Clark was asked to speak to the membership, stating how the AACI came forward to establish the various workshops to work on issues concerning cancer centers. Dr. Clark made reference to the meeting the American Cancer Society had in Washington on cancer centers. He also pointed out some of the activities held at M. D. Anderson during the months of January and August of 1972, and the workshops in November at Roswell Park Memorial Institute. He stated the purpose of these meetings was to conduct a series of workshops to evaluate the possibility of establishing uniform practices among cancer institutions. Moreover, that such meetings would give rise to a body of policies from which new cancer centers can be equipped with a basis for formulating their own patterns of operation. He stated that there is no doubt that this type of information exchange among existing and new cancer centers will eventually help all of us to meet all of the objectives of the National Cancer Act of 1971. Dr. Rusch stated that a summary of each committee report would be given by the chairman at today's meeting followed by open discussion. The chairmen reported on their activities as follows:

1. Accounting, Finance and Business Administration - Mr. Robert Goehle.

2. Committee on Data Processing Information Systems, Cooperative Studies and Clinical Trials - Dr. Stuart Zimmerman.

3. Committee on International Classification, Nomenclature, Staging and End Results - Dr. Gregory O'Conor.

4. Committe on Medical Education, Cancer Literature, and Retrieval Systems - (Dr. Rawson was absent so this report was deferred.) The Committee on Cancer Literature and Retrieval Systems - Dr. John Schneider.

5. Committee on Systems Management and Planning report was given by Dr. James L. Liverman.

6. The Committee on Medical Records, Epidemiology and Biostatistics - Dr. Gerald P. Murphy.

7. The Committee on Cancer Registry - Dr. Sidney Cutler.

The reports and question and answer period after each report was taped by JRB Associates. The taped reports were to be typed and delivered to the Secretary-Treasurer for circulation to membership within 10 days after the conference. However, this was not done because JRB discovered faulty tapes were used in taping the sessions. Great efforts to obtain the reports and remarks were not successful.

The Secretary-Treasurer immediately informed Dr. Talbot and Dr. Rusch of this matter and reported that JRB apologized profusely over this unfortunate catastrophe.

E. A. Mirand
Secretary-Treasurer, AACI

No. NP 13501

STATE of MISSOURI

JAMES C. KIRKPATRICK, Secretary of State

CORPORATION DIVISION

Certificate of Incorporation
A General Not For Profit Corporation

WHEREAS, duplicate originals of Articles of Incorporation of THE AMERICAN ASSOCIATION OF CANCER INSTITUTES have been received and filed in the office of the Secretary of State and which Articles, in all respects, comply with the requirements of The General Not For Profit Corporation Law of Missouri:

NOW, THEREFORE, I, JAMES C. KIRKPATRICK, Secretary of State of the State of Missouri, by virtue of the authority vested in me, do hereby certify and declare THE AMERICAN ASSOCIATION OF CANCER INSTITUTES a body corporate, duly organized this day, that it is entitled to all rights and privileges granted corporations organized under The General Not For Profit Corporation Law of Missouri; that the address of its initial Registered Office in Missouri is 901 East Broadway, Columbia; and that its period of existence is perpetual

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the GREAT SEAL of the State of Missouri, at the City of Jefferson, this 9th day of February, 19 73

James C. Kirkpatrick

Secretary of State

RECEIVED OF: THE AMERICAN ASSOCIATION OF CANCER INSTITUTES

Ten and no/100 Dollars, $ 10.00

For Credit of General Revenue Fund, on Account of Incorporation Tax and Fee

No. NP 13501

Dorothy Mae Miller

Deputy Collector of Revenue